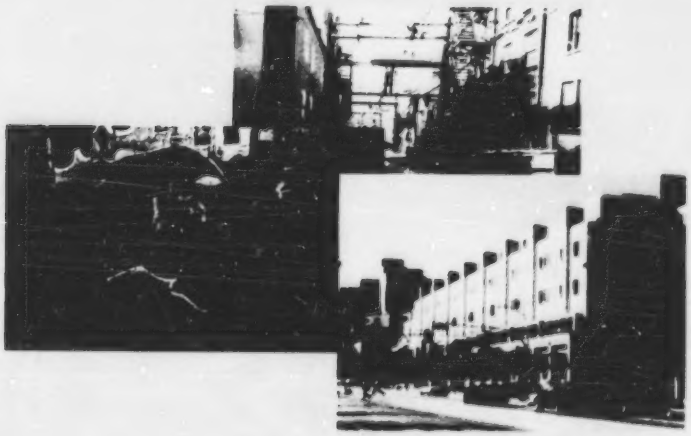
BC Centre for Disease Control

Sexually Transmitted Disease Control

Annual Report



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1999

Annual Report

STD /AIDS Control Program

British Columbia Centre for Disease Control

Any questions, comments or suggestions to improve future publications can be referred to:

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1999 Director's Report

The year 1999 was difficult, challenging, busy and rewarding for STD/AIDS Control. There were many highlights during 1999 including the following:

- Dr. David Patrick left his position as Associate Director to become the Director of Communicable Disease Epidemiology here at the BC Centre for Disease Control (BCCDC)

- Outbreaks of syphilis and gonorrhea intensified and control efforts were enhanced

- the UBC Centre for Disease Control was born with the arrival of its new Director, Dr. Bob Brunham, who also assumed the duties of Medical Director for the BCCDC

- the Ho Chi Minh City STD/AIDS Clinic and Outreach Program completed its first full year; it was a successful and fruitful twelve months

- several important research studies were completed including the Second Phase of the Street Youth Study, an evaluation of the HIV rapid point-of-care test in the STD clinic setting, development of rapid HIV test counseling guidelines, a pilot of the syphilis mass treatment/prophylaxis initiative and several elements within the female condom project

- the province-wide chlamydia contact tracing program completed its first full year

continued on the next page

DIRECTOR'S REPORT
(continued)

- the division's education and training programs were increasingly busy

- the BC Aboriginal AIDS Awareness Program completed its first year with two full time staff; and a busy year it was.

I would like to thank all of the staff of STD/AIDS Control and the people we work with at the BCCDC. 1999 was a very successful year in many ways and this was the result of their hard work, enthusiasm, loyalty and dedication. Many patients and many people benefitted.

Michael L. Rekart

Michael L. Rekart, MD, FRCPC, DTM&H
Director
STD/AIDS Control

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EXECUTIVE SUMMARY

GONORRHEA. The annual rate of reported cases of gonorrhea increased to 21.7 per 100,000 population in 1999 from 13.5 in 1998. This represents a 62% increase and a continuation of the increase documented from 1997 to 1998 (11.6 to 13.5). The number of reported cases of gonorrhea in British Columbia (BC) has increased from 458 in 1997 to 541 in 1998 to 878 in 1999; an overall rise of 80%. This outbreak has involved both genders. Males 20-39 and females 15-29 years of age have shown the most dramatic rises. The Vancouver Richmond Health Board region (VRHB) is the focus of this outbreak and Vancouver's downtown eastside (DTES) is the area with the highest rates. However, twelve of twenty health regions in BC experienced increases from 1998 to 1999. Over half of cases for which risk information is available were heterosexually transmitted with many of these related to the sex trade. There were a significant number of cases in men who have sex with men (MSM) as well. Antibiotic resistance has not played a significant role to date. Enhanced education, contact tracing, screening and public awareness are underway to control this outbreak. The mass treatment initiative for syphilis which is planned for early 2000 may impact this gonorrhea outbreak since the antibiotic to be used is highly effective against gonorrhea.

CHLAMYDIA. The annual rate of reported cases of genital chlamydia infection in BC increased in 1999 to 132.4 per 100,000 population compared to 118.9 in 1998; a 11% rise. This follows a 14% increase from 1997 to 1998. There were a total of 5,355 reported cases of genital chlamydia infection in 1999. This gradual rise may reflect more sensitive and acceptable diagnostic testing and/or the recently introduced province-wide chlamydia contact tracing program but, in view of the increasing rates of gonorrhea and syphilis, the possibility of an absolute increase in transmission is of real concern.

SYPHILIS. The outbreak of infectious syphilis which began in 1997 continued and intensified in 1999. The overall BC rate increased from 2.8 per 100,000 population in 1998 to 3.1 in 1999. There were a total of 127 new case reports involving primarily 30-59 year old males and 20-29 year old females. Over 70% of cases were in Vancouver's DTES with a few cases in the rest of the Lower Mainland. There were 35 primary syphilis cases reported, 28 secondary syphilis cases and 64 early latent cases. Over 60% were transmitted by sex trade workers or their customers; but a significant number involved MSM and street youth. Enhanced control measures have not been successful in dealing with this problem. A focused mass treatment intervention using oral azithromycin is planned for early 2000.

PELVIC INFLAMMATORY DISEASE (PID). The annual PID rate continued the decline which started in 1986 when data monitoring began. There were 105.8 reports per 100,000 female population between 15 and 44 years of age in 1998 compared to 126.2 in 1997. This reflects, however, only those cases which required hospitalization or day surgery. Many PID cases are probably treated outside hospitals, covered by therapeutic abortion prophylaxis or go undiagnosed and untreated. There were slight decreases in tubal infertility (TI) and ectopic pregnancies (EP) in 1998 as well. Data for 1999 will not available until late in 2000.

GENITAL HERPES. A recent study undertaken at the BC Centre for Disease Control (BCCDC) showed an overall herpes simplex virus type 2 seroprevalence rate of 13.4% in females aged 15-44 years (1). The seroprevalence levels increased steadily from 7.1% in the 15-19 year age strata to 28.1% in the 40-44 year age strata, consistent with continued sexual transmission with increasing age, an age cohort effect or both. This data is similar to previously published information from the United States and other countries. Newly diagnosed genital herpes in the Vancouver STD Clinic continued a gradual decline which began in 1991; there were 195 new diagnoses in 1999. There were no cases of neonatal herpes in 1999.

GENITAL WARTS. Human papillomavirus (HPV) genital infection is probably the most frequent sexually transmitted disease (STD) in North America, especially in young people. In 1998, an

Ontario study demonstrated a carriage prevalence of over 20% in women aged 15-19 years which declined in the later years except for an increase in the 45-49 year age stratum. In the STD Clinic, diagnoses of HPV infection increased from 351 in 1998 to 520 in 1999, reversing a declining trend from 1996 to 1998. The significance of this is unclear.

STD CLINIC. The Vancouver STD Clinic served 12,051 patients in 1999 - 5,792 for STDs alone, 3,165 for HIV testing and counseling, and 1,094 for both. Twenty percent (20%) of patients reside outside the VRHB. The demographic, epidemiologic and clinical characteristics of visits were similar to past years except for a decrease in patients who used condoms always (31.3% in 1997, 25.2 % in 1998 and 22.2% in 1999) and an increase in anal sexual contact (10.2% in 1996, 14.5 in 1997, 15.3 in 1998 and 18.0 in 1999). Together with the increasing trends in syphilis, gonorrhea and chlamydia infections discussed above, this is further support for concerns about more unsafe sex, especially in young people. As well, increasingly unsafe sexual behaviors have been documented in young gay men in Vancouver, San Francisco and the United States over the past year. On the other hand, the percent positive rate for human immunodeficiency virus (HIV) tests performed at STD Controlclinics has decreased steadily from 3.4% in 1995 to 1.0% in 1999.

STD/AIDS PREVENTION STREET NURSE PROGRAM. The street nurse program recorded a 6% increase in patient encounters to 54,792 in 1999 from 51,611 in 1998. The infectious syphilis outbreak consumed much of the resources of the program for diagnosis and treatment, contact tracing, education, screening and prevention. Street outreach services and regular consultation to the Simon Fraser Health Region and the New Westminster Health Department continued in 1999. The volume of needles exchanged and collected continued to decrease in light of increased availability from other sources .

EDUCATION AND TRAINING. A total of 3,576 health care workers received 6,318 hours of educational instruction and/or training on STDs and HIV/AIDS through the Education and Training Program in 1999. The BC Aboriginal AIDS Awareness Program (BCAAAP) participated in 207 formal education and training activities from March 1999 through March 2000 involving 8,663 participants, predominantly Aboriginal. Both of these Programs are well received and highly respected in the community. The STD/AIDS Resource Centre at BCCDC filled 1,500 separate information and education requests in 1999 from 1,042 external and 537 internal users.

VIETNAM. 1999 was the first full year of programming for the STD Control Program's Ho Chi Minh City (HCMC) STD/AIDS Clinic and Outreach Program funded by the Canadian International Development Agency (CIDA). Work involved the development of an STD training curriculum in Vietnamese and English and the successful delivery of training to 31 Vietnamese health care workers in Ho Chi Minh City (formerly Saigon), Vietnam. The project also involved ongoing support and monitoring of an STD clinic for low income sex workers in HCMC (Cafe Hy Vong) and outreach programs to sex workers and injection drug users including condom distribution, needle exchange and education.

1. Patrick DM, Dawar M, Krajden M, Cook D, Ng H, Lam ML, Rekart ML. Herpes Simplex Type 2 Seroprevalence in Canadian Women. Presented at the 40th Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAP), September 2000. Toronto, Ontario, Canada. Abstract 1193.

REPORT ON STD EPIDEMIOLOGY

Director: Michael L. Rekart, MD, FRCPC, DTM&H

The Report on STD Epidemiology is organized by disease and provides information about temporal trends, age, gender, and geographical distribution. The *STD Annual Report* does not contain HIV/AIDS epidemiology. This information is contained in the *HIV/AIDS Update* report that is published by STD/AIDS Control on a semi-annual basis.

Please note that the 1999 data for the section on "Pelvic Inflammatory Disease & Complications" was not available at the time of publication. Consequently, the statistical information contained in this section is only up to and including 1998.

GONORRHEA

The rate of gonorrhea in BC increased by 62% from 13.5 per 100,000 population in 1998 to 21.7 per 100,000 population in 1999. There was an increase in the number of cases from 541 in 1998 to 878 in 1999.

Most cases involved males aged 20 to 39 and females aged 15 to 29. Only for the Vancouver/ Richmond Health Region did the gonorrhea rate exceed the provincial average.

When compared with 1998, age specific rates for males aged 25 to 29, 30 to 39, and 40 to 49 increased from 54.5 to 75.2, from 39.0 to 71.2, and from 19.6 to 34.0 per 100,000 population respectively.

Compared with 1998, age-specific rates for females aged 15 to 19 and 20 to 24 increased from 34.2 to 44.9 and from 35.5 to 42.2 per 100,000 population respectively.

Of the 878 cases of gonorrhea from 1999 (Table 1.4), 1.9% were penicillinase producing, 0.3% were tetracycline resistant, 2.8% were ciprofloxaicin resistant, 1.4% were ciprofloxacin intermediate resistant, and 2.1% exhibitied low level chromosomally mediated resistance to several antibiotics.

There was no significant change in the overall proportion of resistant isolates or in the specific forms of resistance between 1998 and 1999.

Graph 1.1
Gonorrhea by HEALTH REGION, 1999

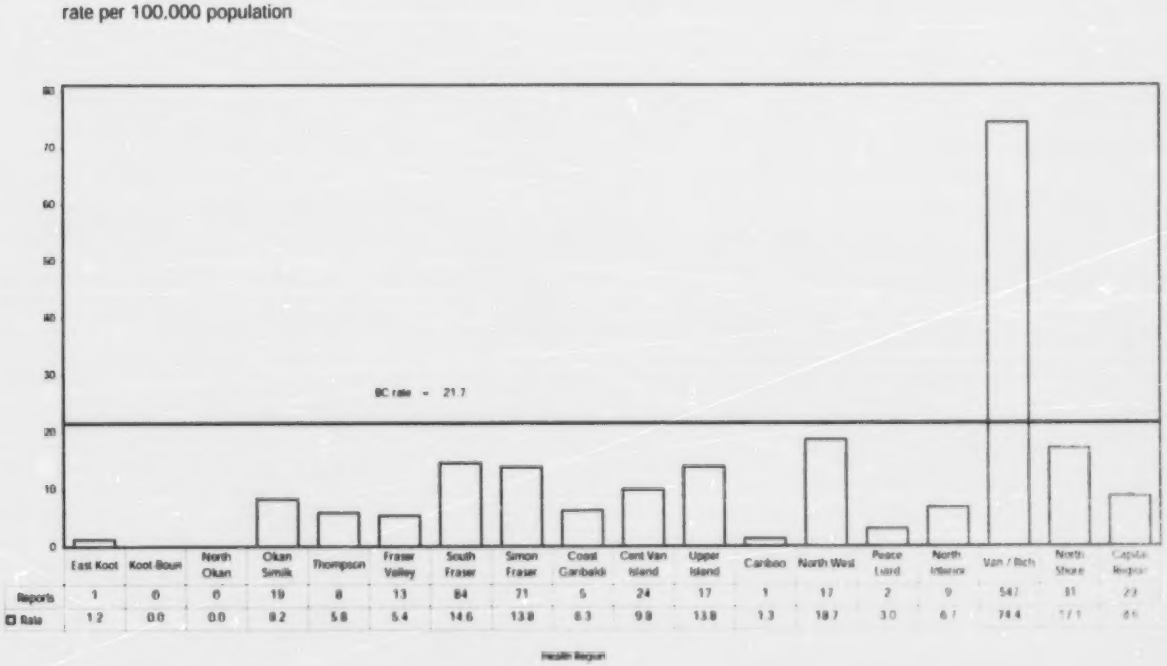


Table 1.1
Gonorrhea by HEALTH REGION and AGE - MALE, 1999

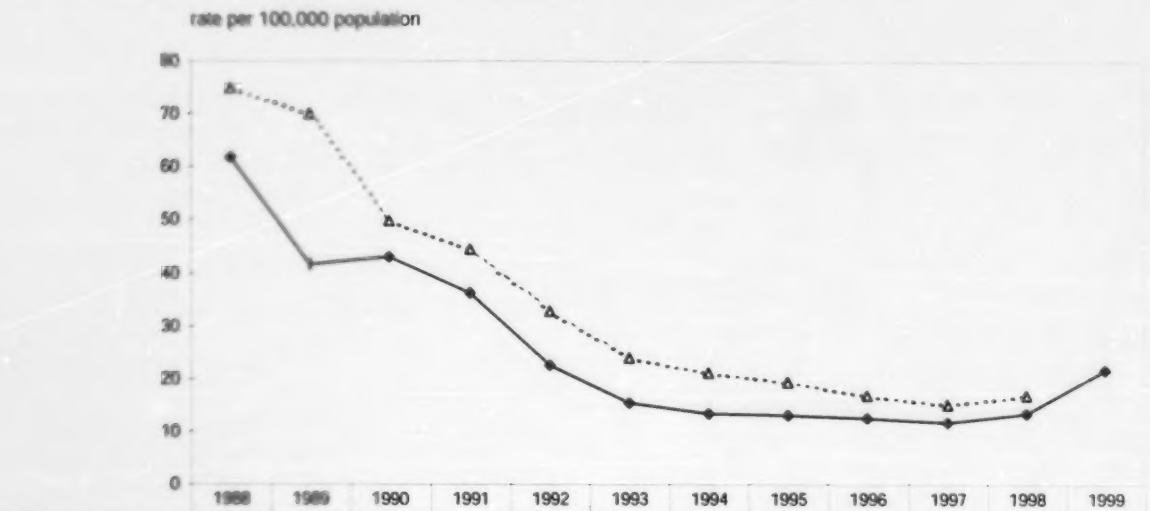
Health Region	< 1	1 - 4	5 - 9	10-14	15-19	20-24	25-29	30-39	40-59	> 60	NS	Total
Capital					1	3	6	5	3	2	1	21
Cariboo												-
Central Vancouver Island					1	5	2	5	1			14
Coast Garibaldi								1	2			3
East Kootenay												-
Fraser Valley						4	2	1	1	3		11
Kootenay Boundary												-
North Okanagan												-
North Shore					1	4	4	6	11	1		27
North West						1	3					4
Northern Interior						2	2		1			5
Okanagan Similkameen					1		3	3	4			11
Peace Liard									1			1
Simon Fraser					1	5	3	27	16			52
South Fraser					4	7	9	20	18	2		60
Thompson					1	2	1	2				6
Upper Island						3	3	1	2	2		11
Vancouver Richmond					11	48	71	170	130	16		446
British Columbia	-	-	-	-	21	84	109	241	190	26	1	672

Table 1.2
Gonorrhea by HEALTH REGION and AGE - FEMALE, 1999

Health Region	< 1	1 - 4	5 - 9	10-14	15-19	20-24	25-29	30-39	40-59	>60	NS	Total
Capital					4	3		1				8
Cariboo						1						1
Central Vancouver Island					6	2	1		1			10
Coast Garibaldi					1		1					2
East Kootenay				1								1
Fraser Valley							1		1			2
Kootenay Boundary												-
North Okanagan												-
North Shore					4							4
North West					4	6	2		1			13
Northern Interior					2	1			1			4
Okanagan Similkameen				1	3	2		1	1			8
Peace Liard					1							1
Simon Fraser					3	5	5	1	5			19
South Fraser					9	5	4	4	1	1		24
Thompson						1	1					2
Upper Island						4	2					6
Vancouver Richmond		1		6	21	25	24	18	6			101
British Columbia	-	1	-	8	58	55	41	25	17	1	-	206

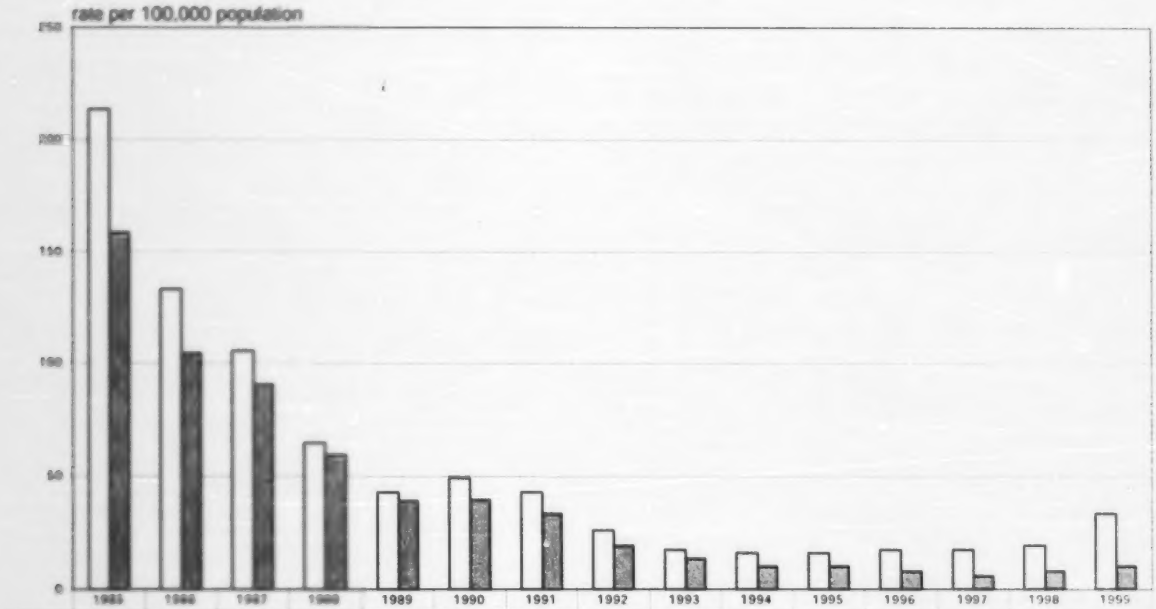
NS-Notifications where age not specified.
Simon Fraser includes New Westminster and Burnaby.
Vancouver Richmond includes Richmond.

Graph 1.2
Gonorrhea Rate for BC and Canada, 1988 to 1999



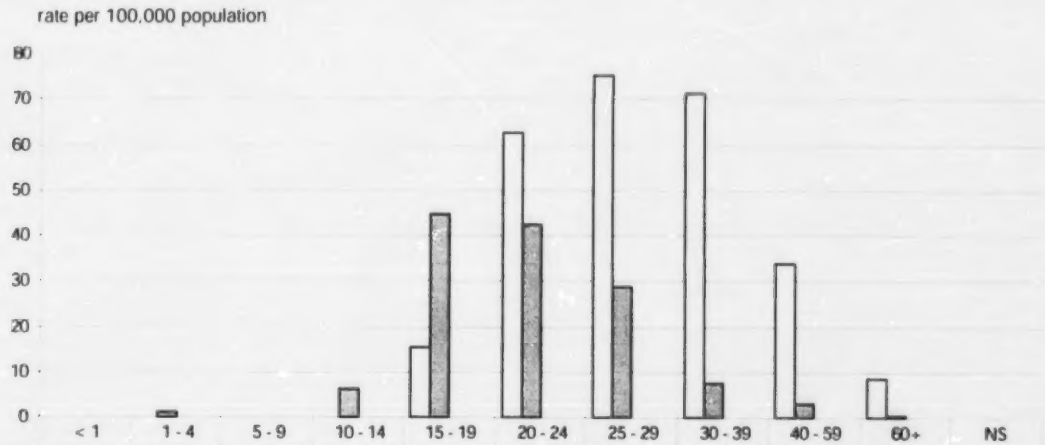
	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Reports	1,928	1,332	1,414	1,224	777	550	489	492	488	458	541	878
BC Rate	61.9	41.6	43.0	36.3	22.4	15.4	13.3	13.0	12.6	11.6	13.5	21.7
Canadian Rate	75.0	70.0	49.9	44.4	32.6	23.8	21.2	19.5	16.9	15.1	16.7	

Graph 1.3
Gonorrhea by GENDER, 1985 to 1999



	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
male	213.5	132.9	108.5	84.5	43.0	49.2	42.7	25.8	17.3	15.9	15.7	17.3	17.6	19.5	33.4
female	198.3	104.6	90.4	58.3	39.3	39.4	33.1	19.1	13.5	10.1	10.2	7.9	5.6	7.5	10.1

Graph 1.4
Gonorrhea by AGE and GENDER, 1999



	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	60+	NS
Rate - Male	0.0	0.0	0.0	0.0	15.3	62.5	75.2	71.2	34.0	8.4	
Rate - Female	0.0	1.1	0.0	6.3	44.9	42.2	28.8	7.5	3.0	0.3	
Reports - Male	0	0	0		21	84	109	241	190	26	1
Reports - Female	0	1	0	8	58	55	41	25	17	1	

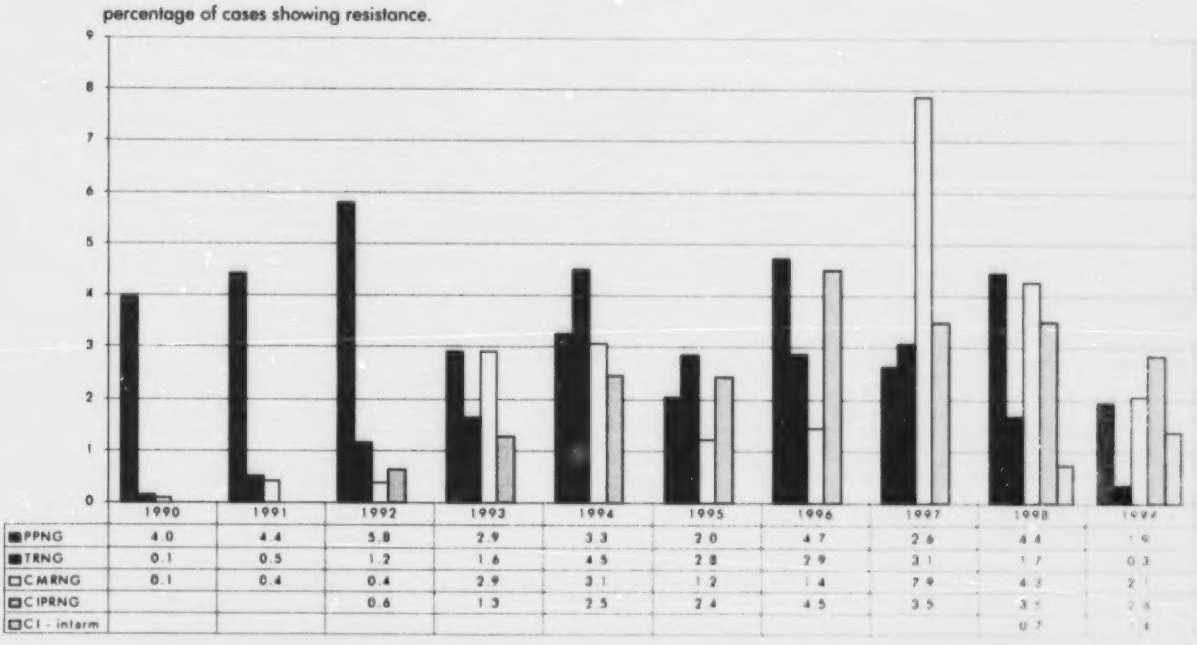
Age Group

NS - Notifications where age not specified.

Table 1.3
Gonorrhea by RESISTANCE as a PERCENTAGE of total cases, 1985 to 1999

Year	PPNG	% of TOTAL	TRNG	% of TOTAL	CMRNG	% of TOTAL	CIPRNG	% of TOTAL	CI - interm	% of TOTAL	TOTAL Cases	Total Isolates
1985	23	0.4									5,556	23
1986	43	1.2									3,564	43
1987	46	1.5									2,986	46
1988	24	1.2									1,928	24
1989	27	2.0									1,332	27
1990	56	4.0	2	0.1	1	0.1					1,414	59
1991	54	4.4	6	0.5	5	0.4					1,224	65
1992	45	5.8	9	1.2	3	0.4	5	0.6			777	62
1993	16	2.9	9	1.6	16	2.9	7	1.3			550	48
1994	16	3.3	22	4.5	15	3.1	12	2.5			489	65
1995	10	2.0	14	2.8	6	1.2	12	2.4			492	42
1996	23	4.7	14	2.9	7	1.4	22	4.5			488	66
1997	12	2.6	14	3.1	36	7.9	16	3.5			458	78
1998	24	4.4	9	1.7	23	4.3	19	3.5	4	0.7	541	79
1999	17	1.9	3	0.3	18	2.1	25	2.8	12	1.4	878	75

Graph 1.5
Gonorrhea by RESISTANCE as a PERCENTAGE of total cases, 1990 to 1999



Each case can result in more than one resistance pattern.

PPNG Penicillinase producing *Neisseria gonorrhoeae*
TRNG Tetracycline resistant *Neisseria gonorrhoeae*
CMRNG Chromosomally mediated resistant *Neisseria gonorrhoeae* (penicillin only)
CIPRNG Ciprofloxacin resistant *Neisseria gonorrhoeae*
CI - interm Ciprofloxacin intermediate resistant *Neisseria gonorrhoeae*

CHLAMYDIA

The rate of reported genital chlamydia infection increased to 132.4 per 100,000 population in 1999 from 118.9 per 100,000 population in 1998.

The recent increase in the chlamydia rate may reflect the deployment of more sensitive nucleic acid amplification technology for diagnosis, the increased case finding as a result of enhanced partner notification, a true increase in the incidence, or a combination of factors. It is of concern that increases in the rates of other bacterial STDs (i.e. gonorrhea and syphilis) are being observed concurrently.

The chlamydia rate has increased across most age and gender strata and in most geographic areas of BC. Several health regions recorded chlamydia rates higher than the provincial average.

An increasing number of chlamydia tests are being done on males. This probably reflects increased testing among males since sensitive nucleic acid amplification technology makes testing available on first void urine specimens.

If the increased chlamydia rate is truly the result of better case finding, then there should be a resumed decline within the next 2 to 3 years. To verify trends in the rate of chlamydia infection, the rate of complications of chlamydia (i.e. pelvic inflammatory disease, tubal infertility, and ectopic pregnancy) also needs to be monitored.

Graph 2.1
Chlamydia by HEALTH REGION, 1999

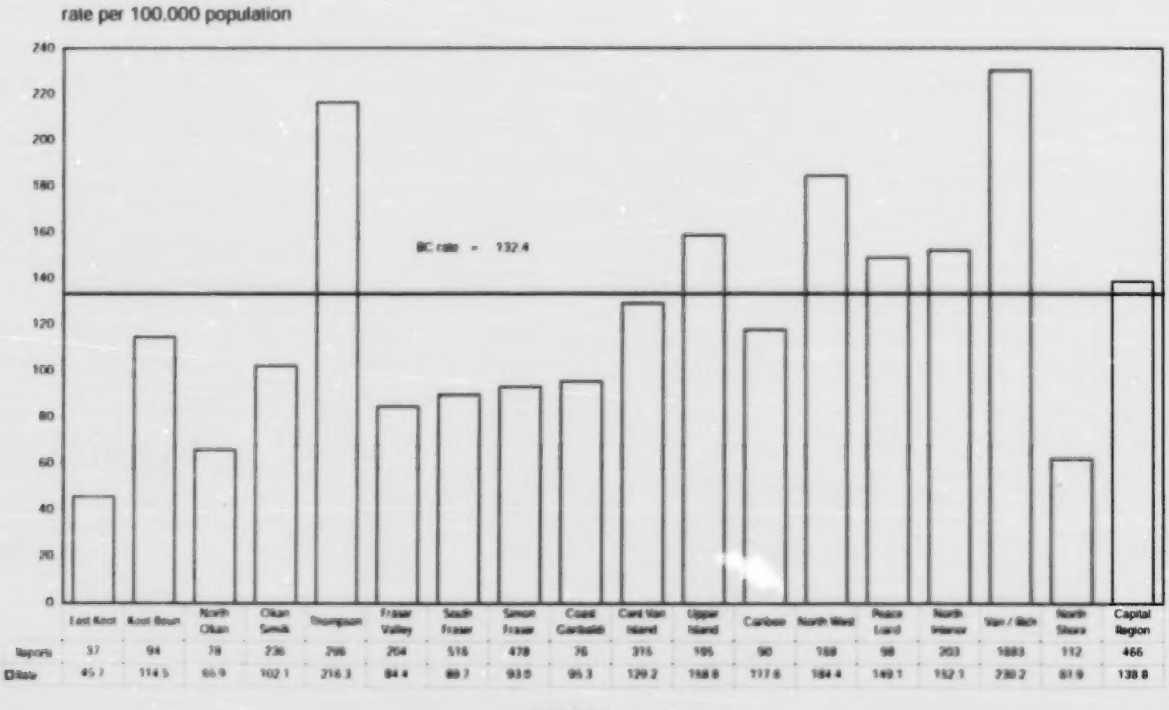


Table 2.1
Chlamydia by HEALTH REGION and AGE - MALE, 1999

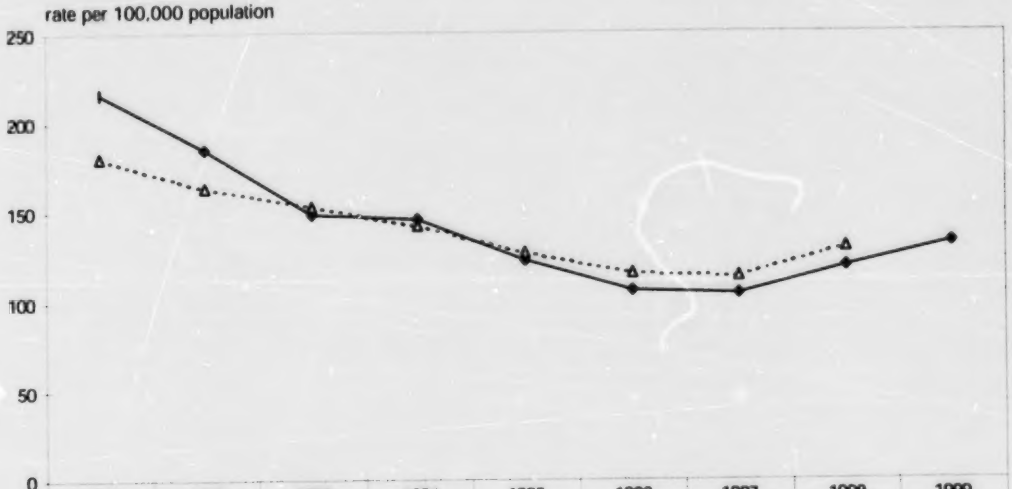
Health Region	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-39	40-59	>60	NS	Total
Capital	1				18	45	36	21	8		3	132
Cariboo					1	6	4	6	1			18
Central Vancouver Island					10	36	18	8	6		1	79
Coast Garibaldi					1	17	7	3				28
East Kootenay						6	1	1				8
Fraser Valley					8	14	8	5	1			36
Kootenay Boundary					4	9	7	6	1			27
North Okanagan					2	13	5	2	1			23
North Shore	1				3	12	6	10	2			34
North West					6	14	9		3			32
Northern Interior					4	24	11	6	2			47
Okanagan Similkameen					11	27	9	10	5		1	63
Peace Liard					7	9	5	2				23
Simon Fraser					6	21	19	6	9	1		62
South Fraser					28	44	23	19	10		2	126
Thompson					23	42	18	15	3	1		102
Upper Island				1	6	29	10	9	1		2	58
Vancouver Richmond				1	41	158	154	170	69	7	1	601
unknown												-
British Columbia	2	-	-	2	179	526	350	299	122	9	10	1,499

Table 2.2
Chlamydia by HEALTH REGION and AGE - FEMALE, 1999

Health Region	< 1	1 - 4	5 - 9	10-14	15-19	20-24	25-29	30-39	40-59	>60	NS	Total
Capital				3	124	132	42	18	7	1	7	334
Cariboo					23	34	8	5	1		1	72
Central Vancouver Island				3	96	82	33	14	3		5	236
Coast Garibaldi		1		1	18	18	5	5				48
East Kootenay					14	9	3	3				29
Fraser Valley				5	83	47	17	14	2			168
Kootenay Boundary	1				27	20	12	6	1			67
North Okanagan				1	25	19	7	1	1		1	55
North Shore					27	22	12	10	7			78
North West				3	57	40	26	9	1			136
Northern Interior				3	59	59	16	16	2		1	156
Okanagan Similkameen				4	84	46	24	12	3			173
Peace Liard					35	21	13	3	1		2	75
Simon Fraser				4	79	79	34	14	9		1	220
South Fraser				9	158	125	52	37	8		1	390
Thompson	1				77	72	28	14	2			194
Upper Island				1	50	54	18	10			4	137
Vancouver Richmond				13	318	396	235	224	92	1	9	1,288
unknown												-
British Columbia	2	1	-	50	1,354	1,275	585	415	140	2	32	3,856

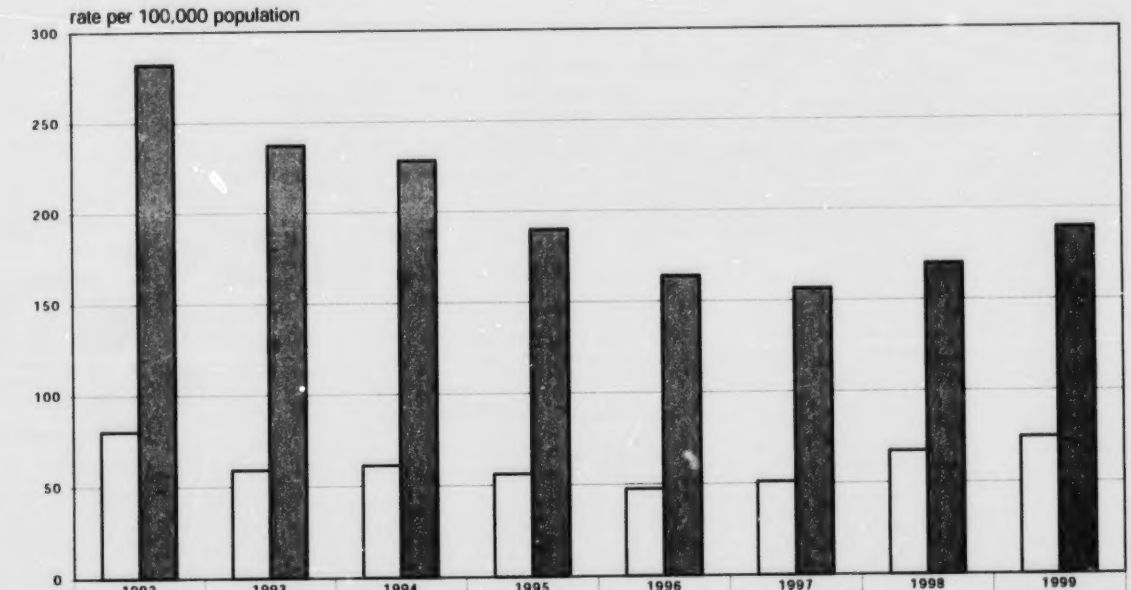
NS - Notifications where age not specified.
Simon Fraser includes New Westminster and Burnaby.
Vancouver Richmond includes Richmond.

Graph 2.2
Chlamydia for BC and Canada, 1991 to 1999



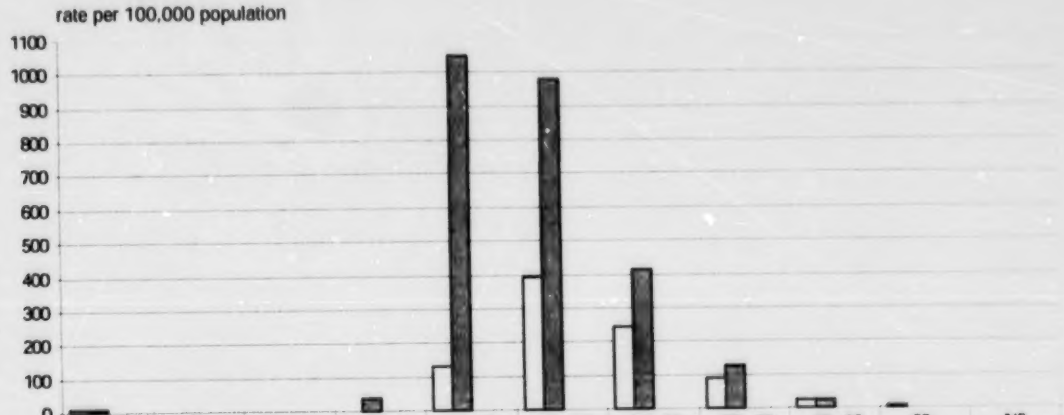
	1991	1992	1993	1994	1995	1996	1997	1998	1999
Reports	7,294	6,434	5,321	5,366	4,660	4,116	4,116	4,769	5,355
BC Rate	216.2	185.4	149.0	145.7	123.1	106.0	104.0	118.9	132.4
Canadian Rate	180.2	163.4	153.4	142.0	127.4	116.0	113.8	129.9	

Graph 2.3
Chlamydia by GENDER, 1992 to 1999



	1992	1993	1994	1995	1996	1997	1998	1999
male	80.1	59.0	61.4	56.1	47.4	50.8	67.2	74.5
female	282.2	237.3	228.2	189.7	163.8	156.4	169.8	189.5

Graph 2.4
Chlamydia by AGE and GENDER, 1999



	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	60+	NS
Rate - Male	8.7	0.0	0.0	1.5	130.2	391.1	241.6	88.3	21.8	2.9	
Rate - Female	9.2	1.1	0.0	39.4	1047.3	979.1	410.4	124.2	25.0	0.5	
Reports - Male	2	0	0	2	179	526	350	299	122	9	10
Reports - Female	2	1	0	50	1354	1275	585	415	140	2	32

Age Group

NS - Notifications where age not specified.

SYPHILIS

An outbreak of infectious syphilis (i.e. primary, secondary and early latent) focused in Vancouver's downtown eastside continued through 1999. Rates of syphilis have increased in Vancouver and adjacent municipalities with the overall provincial rate increasing to 3.1 per 100,000 population in 1999 from 2.8 per 100,000 population in 1998 and 1.3 per 100,000 population in 1997.

Cases of syphilis have increased among both men and women with men aged 30 to 59 and women aged 20 to 29 showing the largest age-adjusted rates of infection.

Of the 127 documented cases of syphilis in 1999, 35 were primary stage, 28 were secondary stage, and 64 were early latent stage. No new early congenital cases were documented in 1999. In addition, there were 60 documented cases of non-infectious syphilis, largely late latent syphilis (Table 3.4).

Much of the syphilis appears to be transmitted between sex trade workers and their customers in Vancouver's downtown eastside with secondary cases in the adjacent communities of the Lower Mainland. Only the Vancouver/Richmond Health Region reported a higher syphilis rate than the provincial average.

Partner notification and treatment in this group is difficult due to the chaotic lifestyles of those involved and to the poor recall and/or cooperation in partner notification and treatment procedures. It is hoped that greater awareness among providers and the affected community, as well as enhanced efforts in partner notification, screening and treatment, will result in curtailment of this current outbreak.

Planned for early 2000 is a mass treatment initiative that will be implemented in an attempt to control this serious outbreak.

Graph 3.1
Infectious Syphilis by HEALTH REGION, 1999

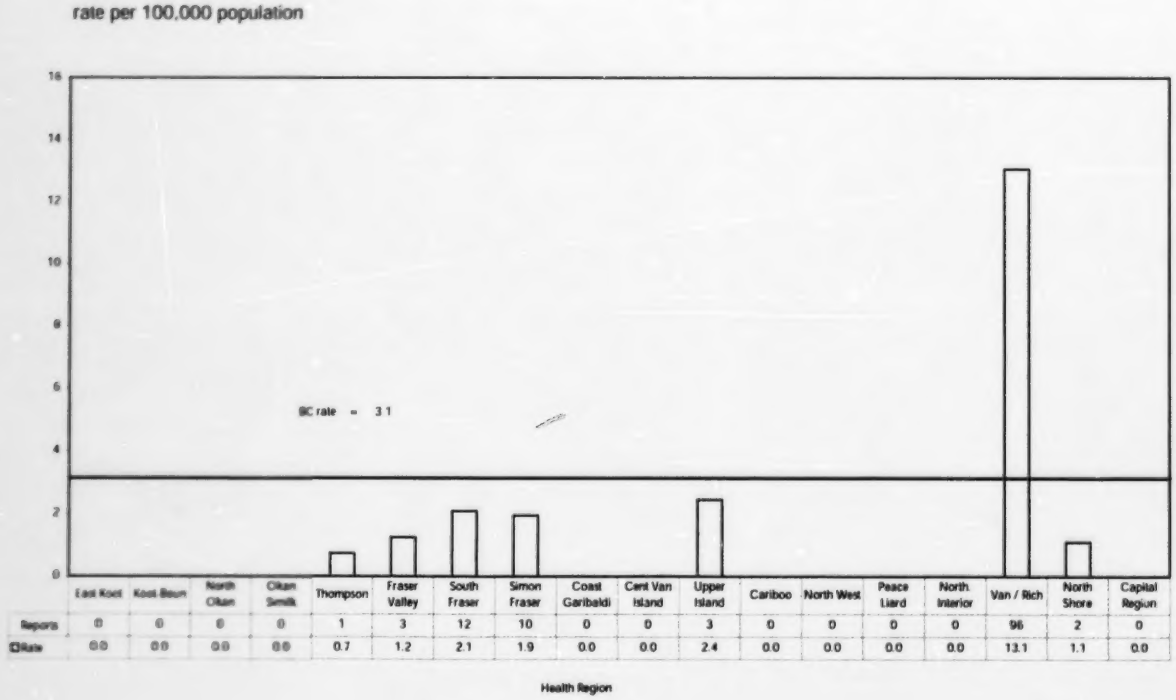


Table 3.1
Infectious Syphilis by HEALTH REGION and AGE - MALE, 1999

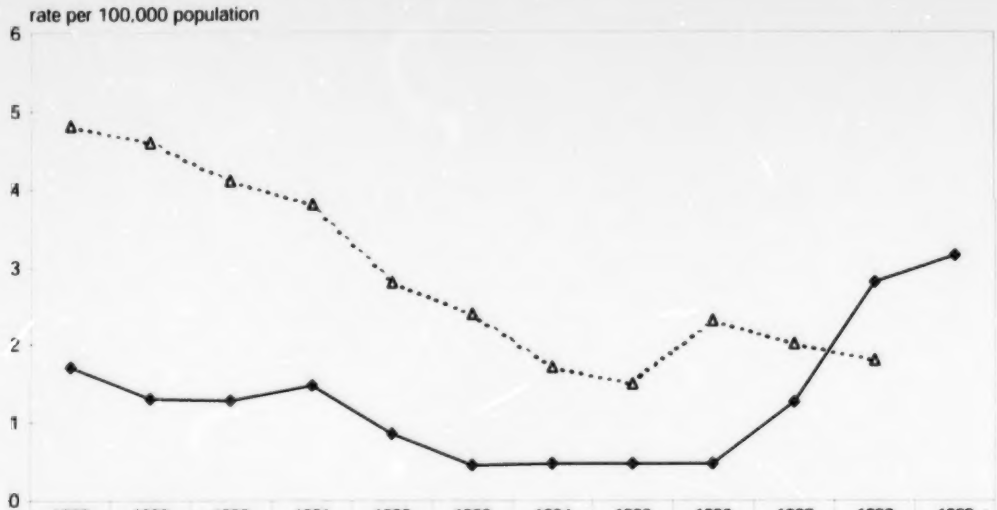
Health Region	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-39	40-59	>60	NS	Total
Capital												-
Cariboo												-
Central Vancouver Island												-
Coast Garibaldi												-
East Kootenay												-
Fraser Valley								1				1
Kootenay Boundary												-
North Okanagan												-
North Shore								1				1
North West												-
Northern Interior												-
Okanagan Similkameen												-
Peace Liard												-
Simon Fraser						1	1	2	3			7
South Fraser								1	5	1		7
Thompson										1		1
Upper Island						1						1
Vancouver Richmond						4	5	15	25	4		53
British Columbia	-	-	-	-	-	6	6	20	33	6	-	71

Table 3.2
Infectious Syphilis by HEALTH REGION and AGE - FEMALE, 1999

Health Region	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-39	40-59	>60	NS	Total
Capital												-
Cariboo												-
Central Vancouver Island												-
Coast Garibaldi												-
East Kootenay												-
Fraser Valley						1	1					2
Kootenay Boundary												-
North Okanagan												-
North Shore							1					1
North West												-
Northern Interior												-
Okanagan Similkameen												-
Peace Liard												-
Simon Fraser					2		1					3
South Fraser						1	1	2	1			5
Thompson												-
Upper Island					2							2
Vancouver Richmond					3	9	8	12	10	1		43
British Columbia	-	-	-	-	7	11	12	14	11	1	-	56

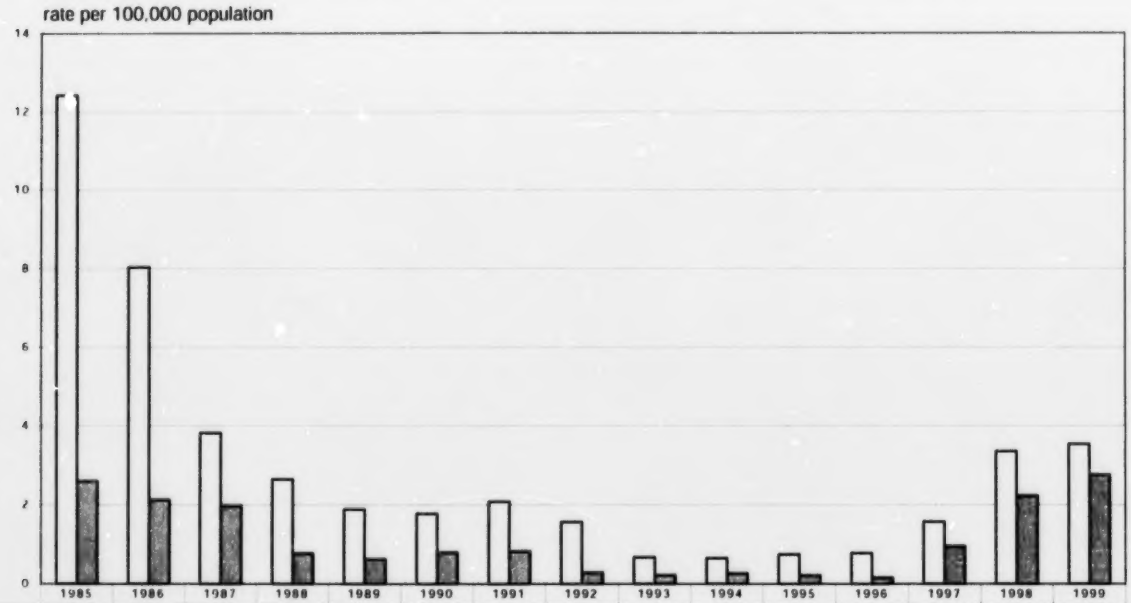
Infectious Syphilis - primary, secondary, early latent, and early congenital stages.
NS-Notifications where age not specified.
Simon Fraser includes New Westminster and Burnaby.
Vancouver Richmond includes Richmond.

Graph 3.2
Infectious Syphilis for BC and Canada, 1988 to 1999



	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Reports	53	42	42	50	30	16	17	18	18	50	112	127
BC Rate	1.7	1.3	1.3	1.5	0.9	0.4	0.5	0.5	0.5	1.3	2.8	3.1
Canadian Rate	4.8	4.6	4.1	3.8	2.8	2.4	1.7	1.5	2.3	2.0	1.8	

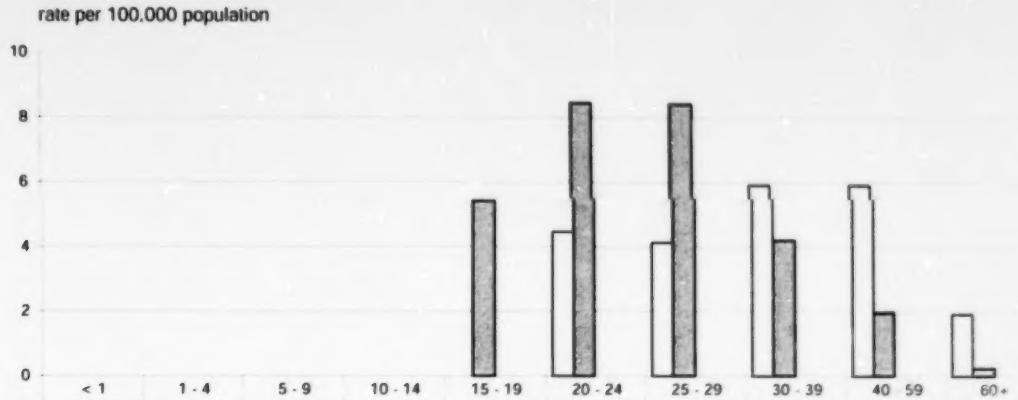
Graph 3.3
Infectious Syphilis by GENDER, 1985 to 1999



	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
male	12.4	8.0	3.8	2.6	1.9	1.8	2.1	1.6	0.7	0.7	0.7	0.8	1.6	3.4	3.5
female	2.6	2.1	2.0	0.8	0.6	0.8	0.8	0.3	0.2	0.3	0.2	0.2	1.0	2.2	2.8

Infectious Syphilis - primary, secondary, early latent, and early congenital stages.

Graph 3.4
Infectious Syphilis by AGE and GENDER, 1999



	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	60+
Rate - Male	0.0	0.0	0.0	0.0	0.0	4.5	4.1	5.9	5.9	1.9
Rate - Female	0.0	0.0	0.0	0.0	5.4	8.4	8.4	4.2	2.0	0.3
Reports - Male	0	0	0	0		6	6	20	33	6
Reports - Female	0	0	0	0	7	11	12	14	11	1

Age Group

Table 3.3
Syphilis by STAGE, 1985 to 1999

Rate per 100,000 population EXCEPT rate for Early Congenital Syphilis is per 1,000 live births.

	Early Congenital		Primary		Secondary		Early Latent		Non-infectious *		
Year	Total	Rate	Total	Rate	Total	Rate	Total	Rate	Total	Rate	TOTAL
1985		-	75	2.5	61	2.0	88	2.9	56	1.9	280
1986		-	42	1.4	60	2.0	55	1.8	54	1.8	211
1987		-	30	1.0	25	0.8	33	1.1	130	4.3	218
1988		-	15	0.5	20	0.6	20	0.6	105	3.4	160
1989	1	0.0	9	0.3	15	0.5	16	0.5	65	2.0	106
1990		-	11	0.3	12	0.4	19	0.6	108	3.3	150
1991		-	11	0.3	22	0.7	17	0.5	65	1.9	115
1992		-	6	0.2	13	0.4	13	0.4	58	1.7	90
1993		-	3	0.1	5	0.1	8	0.2	57	1.6	73
1994		-	4	0.1	7	0.2	6	0.2	89	2.4	106
1995		-	4	0.1	9	0.2	5	0.1	78	2.1	96
1996		-	3	0.1	6	0.2	9	0.2	94	2.4	112
1997	2	0.1	22	0.6	10	0.3	16	0.4	64	1.6	114
1998		-	36	0.9	22	0.5	54	1.3	80	2.0	192
1999		-	35	0.9	28	0.7	64	1.6	60	1.5	187

* Non-infectious - late latent, other, late congenital, stage unspecified.

PELVIC INFLAMMATORY DISEASE & COMPLICATIONS

The annual rate of pelvic inflammatory disease (PID) in BC declined from 126.2 per 100,000 female population aged 15 to 44 to 105.8 per 100,000 between 1997 and 1998 (Graph 4.1).

There have also been slight declines in the rates of tubal infertility (TI) and ectopic pregnancy (EP) between these years. The consistent decline in reporting of PID since 1986 may reflect favourably on the progressively increased efforts to control the chlamydia rate in BC.

Table 4.1
Pelvic Inflammatory Disease & Complications by HEALTH REGION, 1998

Based on acute & day surgery hospital discharges.
Based on ALL[1] diagnoses (PID&TI) / PRINCIPAL[2] diagnosis (EP).
INCLUDES BC residents treated elsewhere in Canada.
Rate per 100,000 female population AGED 15 to 44 only.

	Pelvic Inflamatory Disease (PID)		Tubal Infertility (TI)		Ectopic Pregnancy (EP)	
Health Region	Total	Rate	Total	Rate	Total	Rate
Capital	77	106.0	40	55.1	54	74.3
Cariboo	31	179.4	10	57.9	30	173.6
Central Vancouver Island	67	135.2	37	74.7	42	84.8
Coast Garibaldi	16	92.1	1	5.8	16	92.1
East Kootenay	19	110.1	3	17.4	19	110.1
Fraser Valley	66	129.2	22	43.1	61	119.4
Kootenay Boundary	28	164.4	6	35.2	9	52.8
North Okanagan	25	104.6	5	20.9	26	108.8
North Shore	28	70.8	16	40.5	22	55.6
North West	38	176.0	16	74.1	27	125.1
Northern Interior	67	206.8	10	30.9	31	95.7
Okanagan Similkameen	51	111.4	29	63.4	50	109.2
Peace Liard	25	158.1	11	69.6	27	170.8
Simon Fraser	101	83.7	80	66.3	84	69.6
South Fraser	121	96.1	84	66.7	137	108.9
Thompson	37	122.7	16	53.1	24	79.6
Upper Island	33	122.3	11	40.8	34	126.0
Vancouver Richmond	128	69.2	76	41.1	111	60.0
unknown	5		2		7	
British Columbia	963	105.8	475	52.2	811	89.1

[1]ALL diagnoses - PID/TI contributes to the hospital stay but may not be the diagnosis most responsible for the stay.
[2]PRINCIPAL diagnosis - EP diagnosis is considered most responsible for the hospital stay.
Simon Fraser includes New Westminster and Burnaby.
Vancouver Richmond includes Richmond.
Data Source: Ministry of Health and Ministry Responsible for Seniors: Information and Analysis, CIHI Discharges for PID is ICD9 = 614 excluding 614.6 & 614.7; TI is ICD9 = 6.282; and EP is ICD9 = 633.

Table 4.2
Pelvic Inflammatory Disease (PID) by HEALTH REGION and AGE, 1998

Based on acute & day surgery hospital discharges and ALL[1] diagnoses.
INCLUDES BC residents treated elsewhere in Canada.

Health Region	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-39	40-44	45-49	50+	Total
Capital				1	4	8	19	32	13	13	12	102
Cariboo					2	8	9	9	3	6	2	39
Central Vancouver Island			1		9	7	9	26	15	12	16	95
Coast Garibaldi					1			10	5	4	7	27
East Kootenay			1		4	3		6	5	2	4	25
Fraser Valley			1	4	3	6	7	31	14	12	16	94
Kootenay Boundary					3	4	6	8	7	5	6	39
North Okanagan					2	2	2	11	8	1	9	35
North Shore						3		21	4	4	8	40
North West			1		3	7	8	13	6	3	6	47
Northern Interior					3	7	9	37	11	6	5	78
Okanagan Similkameen					4	3	10	27	7	8	6	65
Peace Liard					2	3	1	14	5	1	4	30
Simon Fraser				1	7	10	9	57	17	12	19	132
South Fraser				1	4	8	11	78	19	18	20	159
Thompson				1	3	9	3	12	9	3	3	43
Upper Island					7	4	4	14	4	4	5	42
Vancouver Richmond			1	2	10	14	13	58	30	18	31	177
unknown						1	2	2				5
British Columbia	-	-	5	10	71	107	122	466	182	132	179	1,274

[1]ALL diagnoses - PID contributes to the hospital stay but may not be the diagnosis most responsible for the stay.
Simon Fraser includes New Westminster and Burnaby.
Vancouver Richmond includes Richmond.
Data Source: Ministry of Health and Ministry Responsible for Senior: Information and Analysis. CIHI Discharges for PID is ICD9 = 614 excluding 614.6 & 614.7; TI is ICD9 = 6282; and EP is ICD9 = 633.

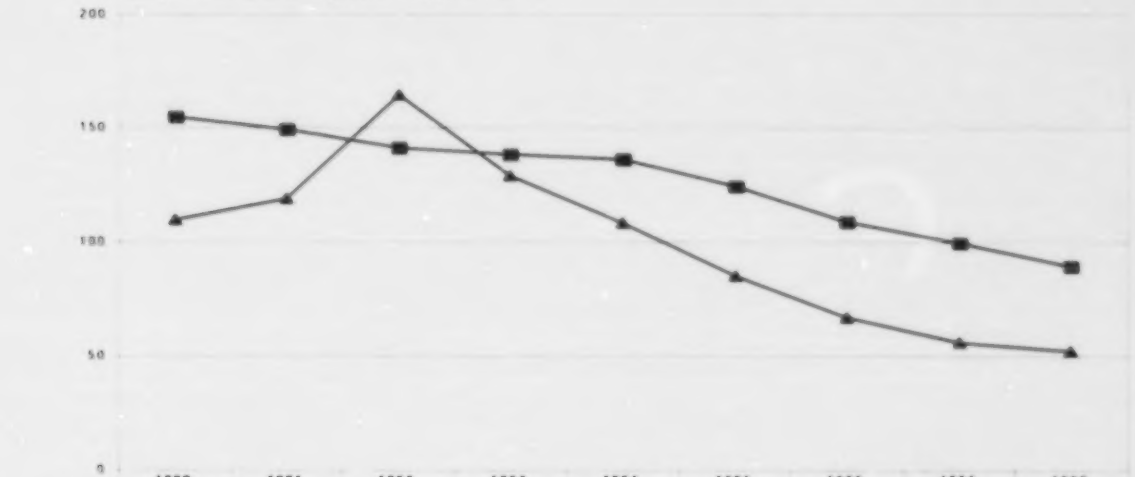
Graph 4.1
Pelvic Inflammatory Disease (PID), 1986 to 1998

Based on acute & day surgery hospital discharges and ALL[1] diagnoses.
DOES NOT INCLUDE BC residents treated elsewhere in Canada.
Rate per 100,000 female population aged 15 to 44.

	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
reports	3,322	3,079	2,888	2,416	2,438	2,204	1,984	1,742	1,557	1,381	1,235	1,142	993
rate	462.1	424.4	391.6	320.3	314.7	278.7	245.8	210.8	183.6	156.8	138.5	128.2	103.8

Graph 4.2
Tubal Infertility (TI) & Ectopic Pregnancy (EP), 1990 to 1998

Based on acute & day surgery hospital discharges and ALL[1] diagnoses (TI)/PRINCIPAL[2] diagnosis (EP)
INCLUDES BC residents treated elsewhere in Canada
Rate per 100,000 female population aged 15 to 44.



	1990	1991	1992	1993	1994	1995	1996	1997	1998
tubal rate	109.7	118.7	164.5	129.0	108.3	85.0	66.6	55.7	52.2
ectopic rate	154.9	149.3	141.1	138.3	136.0	124.4	109.8	99.5	89.1
tubal cases	850	939	1,328	1,066	918	738	594	504	475
ectopic cases	1,200	1,181	1,139	1,143	1,153	1,080	970	900	811

[1] ALL diagnoses - PID/TI contributes to the hospital stay but may not be the diagnosis most responsible for the stay.
[2] PRINCIPAL diagnosis - EP diagnosis is considered most responsible for the hospital stay.
Data Source: Ministry of Health and Ministry Responsible for Seniors: Information and Analysis, CIHI Discharges for PID is ICD9 = 614 excluding 614.6 & 614.7; TI is ICD9 = 6282; and EP is ICD9 = 633.

Table 4.3
Tubal Infertility (TI) by HEALTH REGION and AGE, 1998

Based on acute & day surgery hospital discharges and ALL[1] diagnoses.
INCLUDES BC residents treated elsewhere in Canada.

Health Region	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-39	40-44	45-49	50+	Total
Capital						3	7	26	4			40
Cariboo						1	5	3	1			10
Central Vancouver Island						5	10	19	3	2		39
Coast Garibaldi								1				1
East Kootenay							2	1				3
Fraser Valley						2	7	11	2			22
Kootenay Boundary							1	3	2			6
North Okanagan							1	4				5
North Shore							2	9	5	1		17
North West						1	7	8				16
Northern Interior						1	3	5	1			10
Okanagan Similkameen							6	20	3			29
Peace Liard							2	8	1			11
Simon Fraser						2	13	60	5	1		81
South Fraser						4	18	51	11			84
Thompson						1	3	12			1	17
Upper Island						1	1	8	1			11
Vancouver Richmond						3	7	58	8			76
unknown								1	1			2
British Columbia	-	-	-	-	-	24	95	308	48	4	1	480

[1] ALL diagnoses - TI contributes to the hospital stay but may not be the diagnosis most responsible for the stay.
Simon Fraser includes New Westminster and Burnaby.
Vancouver Richmond includes Richmond.
Data Source: Ministry of Health and Ministry Responsible for Seniors: Information and Analysis, CIHI Discharges for PID is ICD9 = 614 excluding 614.6 & 614.7; TI is ICD9 = 6282; and EP is ICD9 = 633.

Table 4.4
Ectopic Pregnancy (EP) by HEALTH REGION and AGE, 1998

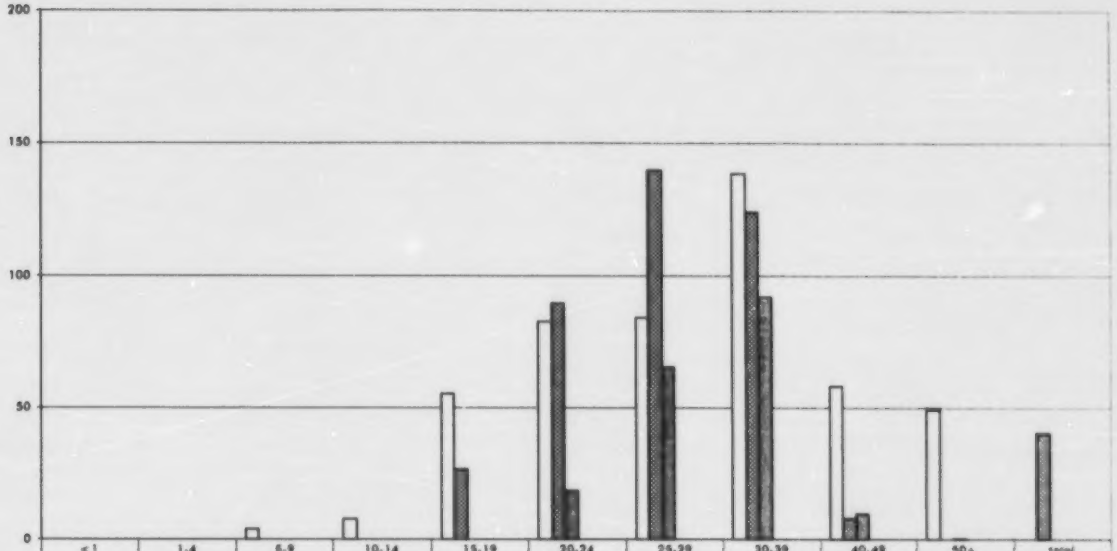
Based on acute & day surgery hospital discharges and PRINCIPAL[1] diagnosis.
INCLUDES BC residents treated elsewhere in Canada.

Health Region	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-39	40-44	45-49	50+	Total
Capital					3	5	14	29	3			54
Cariboo					3	10	9	8				30
Central Vancouver Island					3	5	11	19	4			42
Coast Garibaldi						2	2	11	1			16
East Kootenay					2	5	5	7				19
Fraser Valley					3	10	21	26	1			61
Kootenay Boundary						1	2	4	2			9
North Okanagan					1	6	5	14				26
North Shore					2	1	3	13	3			22
North West					1	4	8	14				27
Northern Interior					4	7	8	12				31
Okanagan Similkameen					3	8	15	23	1			50
Peace Liard					1	4	5	16	1			27
Simon Fraser					2	6	20	48	8			84
South Fraser					2	16	34	79	6			137
Thompson					1	4	8	11				24
Upper Island					1	12	10	8	3			34
Vancouver Richmond					1	9	23	69	9	2		113
unknown					1	1		5				7
British Columbia	-	-	-	-	34	116	203	416	42	2	-	813

[1] PRINCIPAL diagnosis - EP diagnosis is considered most responsible for the hospital stay.
Simon Fraser includes New Westminster and Burnaby.
Vancouver Richmond includes Richmond.
Data Source: Ministry of Health and Ministry Responsible for Seniors: Information and Analysis, CIHI Discharges for PID is ICD9 = 614 excluding 614.6 & 614.7; TI is ICD9 = 6282; and EP is ICD9 = 633.

Graph 4.3
Pelvic Inflammatory Disease (PID) & Complications (TI & EP) by AGE, 1998

Based on acute & day surgery hospital discharges.
Based on ALL[1] diagnoses (PID&TI) / PRINCIPAL[2] diagnosis (EP).
INCLUDES BC residents treated elsewhere in Canada
Rate per 100,000 female population.



	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-39	40-49	50+	total
PID rate	-	-	4.0	7.9	55.2	82.5	84.0	138.8	58.0	49.0	63.2
ectopic rate	-	-	-	-	26.4	89.4	139.7	123.9	8.1	-	40.3
tubal rate	-	-	-	-	-	18.5	65.4	91.7	9.6	0.3	23.8
PID reports	-	-	5	10	71	107	122	466	314	179	1,274
Ectopic reports	-	-	-	-	34	116	203	416	44		813
Tubal reports	-	-	-	-	-	24	95	308	52	1	480

[1] ALL diagnoses - PID/TI contributes to the hospital stay but may not be the diagnosis most responsible for the stay.
[2] PRINCIPAL diagnosis - EP diagnosis is considered most responsible for the hospital stay.
Data Source: Ministry of Health and Ministry Responsible for Seniors: Information and Analysis, CIHI Discharges for PID is ICD9 = 614 excluding 614.6 & 614.7; TI is ICD9 = 6,282; and EP is ICD9 = 633.

GENITAL HERPES

According to a recent study in BC, around 1 in 6 adults have been infected with herpes simplex virus type 2 (HSV2), the primary cause of genital herpes. This rate is similar to data in the United States (US). It is likely that genital herpes is one of the two most prevalent sexually transmitted infections; human papillomavirus (HPV) being the other.

Since a large proportion of people with genital herpes remains undiagnosed, laboratory reports provide only a limited view of the burden of infection in BC. At present, publicly funded type-specific herpes serology for diagnosis of silent infections or clarification of infection status is not routinely performed in Canada. It may, however, be accessed at a cost to the client through private facilities.

The number of newly diagnosed cases of genital herpes at the Vancouver STD Clinic, located at 655 West 12th Avenue, has shown a gradual decline over the last decade. This may be compatible with a slightly lower incidence of new infections although it is likely that the prevalence remains very high.

In 1999, no culture proven cases of neonatal herpes were identified. The Provincial Laboratory, the Virology Lab of Children's and Women's Health Centre of BC, and the University of BC Virology Lab all perform herpes simplex cultures and have not isolated the herpes virus from neonates. This is consistent with the sporadic identification of neonatal herpes over the past decade reported through the Children's and Women's Health Centre of BC (Table 5.1).

Table 5.1
Neonatal Herpes - Cases, 1990 to 1999
at Children's and Women's Health Centre of BC

Year	Total
1990	1
1991	2
1992	1
1993	-
1994	1
1995	-
1996	1
1997	1
1998	-
1999	-

Table 5.2
Genital Herpes - Diagnosed Cases, 1990 to 1999
at the Vancouver STD Clinic

Year	Gender	Culture Proven	Presumptive	Total
1990	male	184	72	256
	female	87	36	123
	TOTAL:	271	108	379
1991	male	113	122	235
	female	80	63	143
	TOTAL:	193	185	378
1992	male	134	100	234
	female	78	49	127
	TOTAL:	212	149	361
1993	male	139	75	214
	female	70	36	106
	TOTAL:	209	111	320
1994	male	91	91	182
	female	74	38	112
	TOTAL:	165	129	294
1995	male	74	76	150
	female	55	47	102
	TOTAL:	129	123	252
1996	male	61	81	142
	female	34	46	80
	TOTAL:	95	127	222
1997	male	79	62	141
	female	44	34	78
	TOTAL:	123	96	219
1998	male	85	62	147
	female	43	27	70
	TOTAL:	128	89	217
1999	male	78	38	116
	female	47	32	79
	TOTAL:	125	70	195

GENITAL WARTS

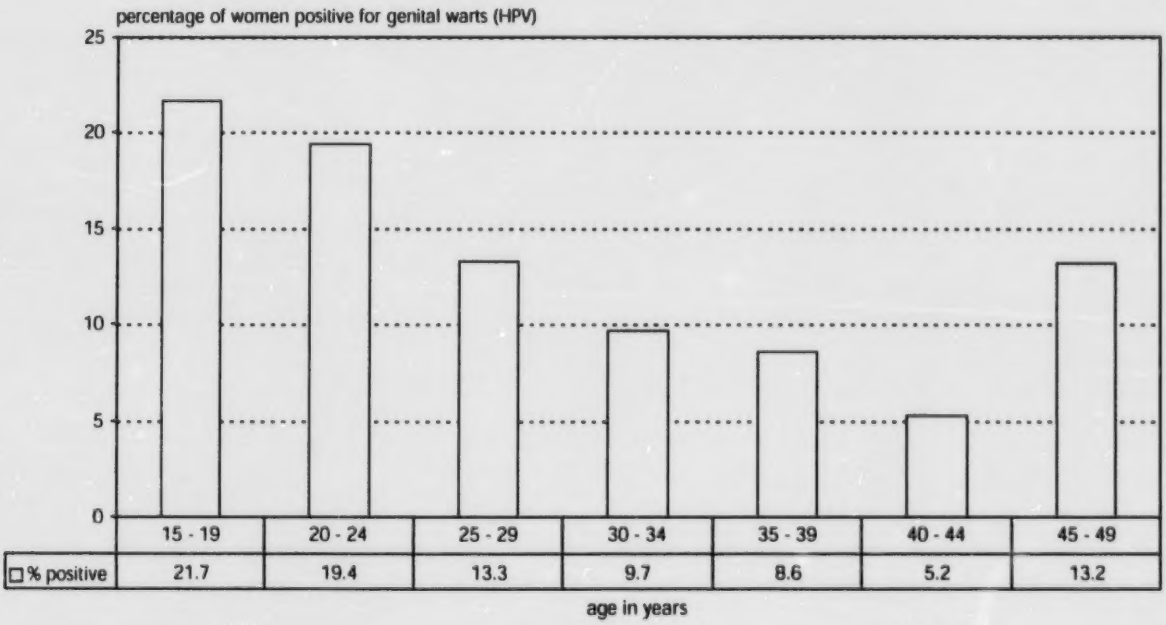
Human papillomavirus (HPV) infection is thought to be the most prevalent sexually transmitted infection, especially in younger people.

The number of diagnoses of genital warts at the Vancouver STD Clinic, located at 655 West 12th Avenue, has oscillated over the last decade with 520 new diagnoses in 1999.

Until 1998, there were no Canadian prevalence data available. An Ontario study (Graph 6.1) recently evaluated the prevalence of oncogenic HPV carriage in cervical samples from sexually active women who attended family physicians for cervical screening. In the study, carriage prevalence exceeded 20% in women aged 15 to 19 and declined in the progressively older age cohorts. An explanation for the apparent increase in carriage for women aged 45 to 49 was not given.

Long term studies of cohorts of women have shown that oncogenic HPV carriage was not necessarily permanent with approximately one third losing carriage every year. It is those women with persistent carriage of high risk HPV who may be at higher risk of later developing cancer of the cervix.

Graph 6.1
Genital Warts (HPV) Prevalence in Ontario Women
by cervical hybrid capture or polymerase chain reaction (PCR)



Data Source: Sellors JW, Bangura H, Lytwyn A, Mahony JB, Chong S, Keller J, & Janjusevic V. A population-based survey for ano-genital papillomavirus (HPV), cervical cytology, and risk factors in Canadian women [page 201, abstract 356]. Poster presentation at the 13th meeting of the International Society for Sexually Transmitted Diseases Research, Denver, Colorado, USA, 1999.

Table 6.1
Genital Warts - Diagnosed Cases, 1990 to 1999
at the Vancouver STD Clinic

Year	Gender	Total
1990	male	444
	female	146
	TOTAL:	590
1991	male	478
	female	98
	TOTAL:	576
1992	male	452
	female	131
	TOTAL:	583
1993	male	467
	female	168
	TOTAL:	635
1994	male	432
	female	127
	TOTAL:	559
1995	male	345
	female	124
	TOTAL:	469
1996	male	444
	female	152
	TOTAL:	596
1997	male	303
	female	100
	TOTAL:	403
1998	male	268
	female	83
	TOTAL:	351
1999	male	412
	female	108
	TOTAL:	520

REPORT ON STD CLINIC

Nursing Administrator:	Linda Knowles, RN, BScN
Clinic Physician:	Hugh D. Jones, MD, Dip Ven
Nursing Clinic Supervisor:	Tony Rees, RN
Clinic Office Manager:	Norah Young

The Report on the STD Clinic chronicles the activities of STD/AIDS Control's STD Clinic located in Vancouver at 655 West 12th Avenue. The Clinic report is also useful for following crude trends of non-reportable STDs. This section (Tables 7.8 to 7.16) also includes the combined data from both the STD Clinic and the Street Outreach Program with regard to HIV testing.

STD CLINIC

The STD Clinic is located in Vancouver at 655 West 12th Avenue.

The number of clients seen, the ratio of male to female clients, the reasons for visit, and the visit outcomes have remained consistent over the last decade.

An enhancement to the STD Clinic's electronic record system was implemented in late 1998 and has had an impact on the sorting of client data collected. Previously, all STD visits and HIV visits were recorded separately in the system. Thus, the client who had an STD evaluation and HIV testing done in one visit was recorded and counted as two separate visits (i.e. one STD visit and one HIV visit).

With the enhanced record system, the client who has an STD evaluation and HIV testing done in one visit can now be recorded and counted as one visit but retains the option of logging two separate visits.

The following observations were noted in clients visiting the STD Clinic in 1999:

- 20% of the clients reside outside of the Vancouver/Richmond Health Region

- clients "always" using condoms decreased from 31.3% in 1997 to 25.2% in 1998 to 22.2% in 1999

- clients who reported frequency of "rectal" exposure during sexual activity increased from 10.2% in 1996 to 18.0% in 1999

The most common diagnosed STD in males was non-gonococcal urethritis followed by genital warts.

The most common diagnosed STD in females was bacterial vaginosis followed by yeast vaginitis.

Table 7.1
Clinic Visits - GENDER and TYPE OF VISIT, 1991 to 1999

Year	Gender	STD Visit	HIV Pre/Post Test Visit	STD & HIV Visit	Total
1991	male	6,417			
	female	2,615			
	TOTAL:	9,032	4,619		13,651
1992	male	6,132			
	female	2,725			
	other	13			
	TOTAL:	8,870	6,113		14,983
1993	male	6,159			
	female	2,926			
	TOTAL:	9,085	5,891		14,976
1994	male	5,852			
	female	2,673			
	TOTAL:	8,525	6,018		14,543
1995	male	5,334			
	female	2,608			
	other	17			
	TOTAL:	7,959	6,154		14,113
1996	male	5,408	4,060		9,468
	female	2,524	2,034		4,558
	other	30	274		304
	TOTAL:	7,962	6,368		14,330
1997	male	5,484	4,138		9,622
	female	2,529	1,970		4,499
	other	27			27
	TOTAL:	8,040	6,108		14,148
1998	male	5,186	3,832	204	9,222
	female	2,267	1,783	105	4,155
	other	15	2		17
	TOTAL:	7,468	5,617	309	13,394
1999	male	3,950	2,125	2,046	8,121
	female	1,838	1,040	1,048	3,926
	other	4			4
	TOTAL:	5,792	3,165	3,094	12,051

Table 7.2
Clinic Visits - REASON FOR VISIT[1], 1999

Reason for Visit	Count	Percent	
Azithromycin Pilot	1	0.0	*
Birth Control	1	0.0	*
contact - chlamydia	172	1.1	
contact - gonorrhea	42	0.3	
contact - HIV	8	0.1	*
contact - non-gonococcal urethritis	63	0.4	
contact - other	29	0.2	
contact - pelvic inflammatory disease	20	0.1	
contact - syphilis	21	0.1	
contact - trichomonas	6	0.0	
contact - warts	30	0.2	
consult	467	3.1	
counselling	10	0.1	
follow-up	330	2.2	
Hepatitis A vaccine	121	0.8	
Hepatitis B follow-up (vaccination)	691	4.6	
HIV & Follow-Up	6	0.0	*
Pre/Post Counselling	537	3.6	*
HIV pre-test counselling	2,958	19.6	
HIV post-test counselling	2,641	17.5	
HIV retest	3	0.0	
immigration	14	0.1	
other treatment	362	2.4	
other - not specified	64	0.4	
positive chlamydia test	24	0.2	
positive gonorrhea test	5	0.0	
positive syphilis test	18	0.1	
positive trichomoniasis test		-	
pregnancy test	3	0.0	
psychologist		-	
results	380	2.5	
STD symptoms	2,435	16.1	
screening	2,478	16.4	
serological testing for both HIV and syphilis	12	0.1	
test of cure	15	0.1	
unknown	7	0.0	*
wart treatment	1,131	7.5	
TOTAL:	15,105	100.0	

[1] Clients may have more than one reason for clinic visit.
* New Categories for 1999.

Table 7.3
Clinic Visits - STD DIAGNOSIS[1], 1999

STD Diagnosis	Male	Female	Other	Total
bacterial vaginosis		194		194
cervicitis		14		14
chlamydia - cervix		71		71
chlamydia - rectum	2			2
chlamydia - urethra	150			150
epididymitis	9			9
fungal rash	71	13		84
genital lesion - not yet diagnosed	36	4		40
genital warts	283	84		367
genital warts - recurrent	138	25	1	164
gonorrhea - cervix		11		11
gonorrhea - rectum	7			7
gonorrhea - throat	15	3		18
gonorrhea - urethra	70			70
gonorrhea: CIPRNG - urethra	4			4
gonorrhea: CI - interm - cervix				-
gonorrhea: CMRNG - throat				-
gonorrhea: CMRNG - rectum	1			1
gonorrhea: CMRNG - urethra	4			4
gonorrhea: PPNG - cervix				-
gonorrhea: PPNG - throat				-
gonorrhea: PPNG - urethra				-
gonorrhea: TRNG - throat				-
gonorrhea: TRNG - urethra				-
gonorrhea - other				-
gonorrhea - presumptive	4			4

... continued on the next page

[1] Clients may have multiple STD Diagnoses.

PPNG	Penicillinase producing Neisseria gonorrhoeae
TRNG	Tetracycline resistant Neisseria gonorrhoeae
CMRNG	Chromosomally mediated resistant Neisseria gonorrhoeae (penicillin only)
CIPRNG	Ciprofloxacin resistant Neisseria gonorrhoeae
CI - interm	Ciprofloxacin intermediate resistant Neisseria gonorrhoeae

A diagnosis of gonorrhea showing resistance is only counted once (e.g. gonorrhea: CIPRNG - urethra is NOT also counted as gonorrhea - urethra)

Table 7.3 (continued)
Clinic Visits - STD DIAGNOSIS[1], 1999

STD Diagnosis	Male	Female	Other	Total	
hepatitis A - acute	1			1	*
hepatitis A - immune	42	7		49	
hepatitis B - carrier	8	8		16	
hepatitis B - immune	72	35		107	
hepatitis C - positive	17	8		25	
herpes simplex	82	50		132	
herpes simplex - presumptive	40	32		72	
molluscum contagiosum	67	15		82	
no new diagnosis	5,126	2,459	2	7,587	
no STD	85	42		127	
non-gonococcal urethritis	501			501	
non-gonococcal urethritis - recurrent	55			55	
other[2]	79	39		118	
pediculosis pubis	12	1		13	
pelvic inflammatory disease		88		88	
pregnant				-	
proctitis	13			13	
scabies	10	3		13	
syphilis - primary	5	1		6	
syphilis - secondary	4	1		5	
syphilis - early latent	2	2		4	
syphilis - late latent	4			4	
syphilis - previously known	4			4	
treated as a contact	187	121		308	
trichomonas	1	16		17	
urethritis - not yet diagnosed	5			5	
yeast balanitis	204	1		205	
yeast vaginitis		151		151	
TOTAL:	7,420	3,499	3	10,922	

[1] Clients may have multiple STD Diagnoses.
[2] Other - Clients present with genital lesions or rashes that are not STD-related.
* New Category for 1999.

Table 7.4
Clinic Visits - client's place of residence by HEALTH REGION, 1999

Health Region	Count	Percent
Capital	55	0.5
Cariboo	14	0.1
Central Vancouver Island	26	0.2
Coast Garibaldi	93	0.8
East Kootenay	3	0.0
Fraser Valley	75	0.6
Kootenay Boundary	10	0.1
North Okanagan	6	0.1
North Shore	599	5.0
North West	8	0.1
Northern Interior	13	0.1
Okanagan Similkameen	32	0.3
Peace Liard	3	0.0
Simon Fraser	729	6.1
South Fraser	676	5.7
Thompson	9	0.1
Upper Island	13	0.1
Vancouver Richmond	9,495	79.8
out of province	34	0.3
TOTAL:	11,893	100.0

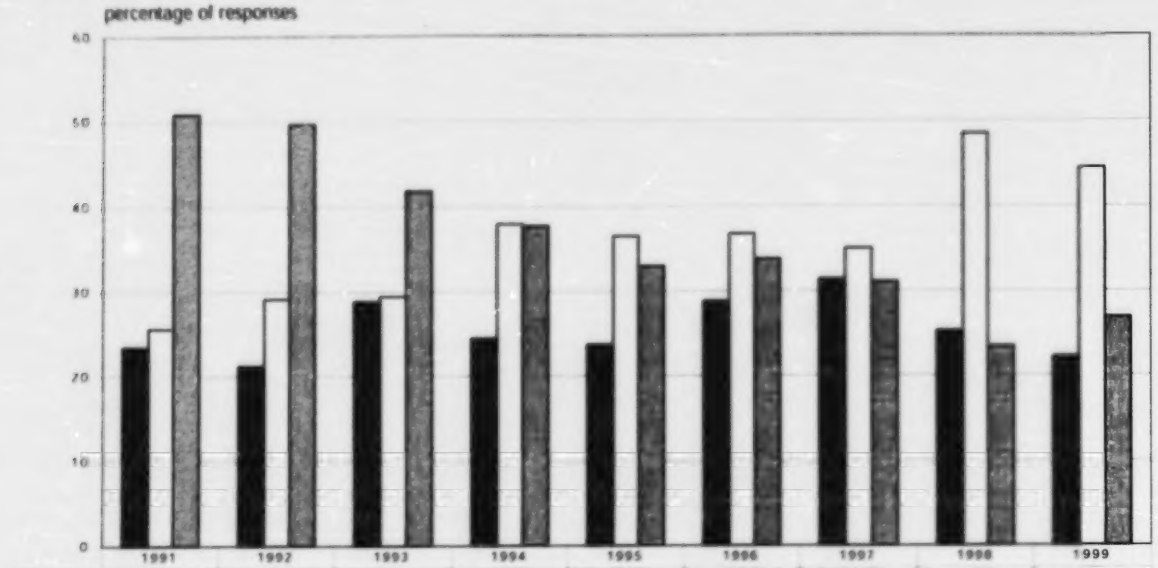
Simon Fraser includes New Westminster and Burnaby.
Vancouver Richmond includes Richmond.

Table 7.5
Clinic Visits - CONDOM USE as reported by clients, 1991 to 1999

Year	Frequency	Responses	Percent	Responses	Percent	Responses	Percent
1991	always	1,145	24.9	379	20.0	1,524	23.5
	never	2,241	48.8	1,066	56.2	3,307	50.9
	sometimes	1,210	26.3	451	23.8	1,661	25.6
	TOTAL:	4,596	100.0	1,896	100.0	6,492	100.0
1992	always	763	22.2	285	19.0	1,048	21.2
	never	1,637	47.7	815	54.2	2,452	49.7
	sometimes	1,035	30.1	403	26.8	1,438	29.1
	TOTAL:	3,435	100.0	1,503	100.0	4,938	100.0
1993	always	1,192	28.9	560	28.5	1,752	28.8
	never	1,657	40.2	887	45.2	2,544	41.8
	sometimes	1,269	30.8	516	26.3	1,785	29.4
	TOTAL:	4,118	100.0	1,963	100.0	6,081	100.0
1994	always	1,287	25.4	649	22.7	1,936	24.4
	never	1,843	36.3	1,148	40.1	2,991	37.7
	sometimes	1,946	38.3	1,066	37.2	3,012	37.9
	TOTAL:	5,076	100.0	2,863	100.0	7,939	100.0
1995	always	1,006	24.6	532	22.3	1,538	23.7
	never	1,306	31.9	823	34.5	2,129	32.9
	sometimes	1,458	35.6	905	38.0	2,363	36.5
	other[1]	325	7.9	123	5.2	448	6.9
	TOTAL:	4,095	100.0	2,383	100.0	6,478	100.0
1996	always	1,255	30.1	609	26.5	1,864	28.8
	never	1,358	32.6	827	36.0	2,185	33.8
	sometimes	1,518	36.4	854	37.2	2,372	36.7
	other[1]	39	0.9	7	0.3	46	0.7
	TOTAL:	4,170	100.0	2,297	100.0	6,467	100.0
1997	always	1,354	32.3	618	29.5	1,972	31.3
	never	1,247	29.7	711	34.0	1,958	31.1
	sometimes	1,474	35.1	729	34.8	2,203	35.0
	other[1]	123	2.9	36	1.7	159	2.5
	TOTAL:	4,198	100.0	2,094	100.0	6,292	100.0
1998	always	2,978	27.5	908	19.8	3,886	25.2
	never	2,385	22.0	1,234	26.9	3,619	23.5
	sometimes	5,111	47.2	2,361	51.5	7,472	48.5
	other[1]	344	3.2	82	1.8	426	2.8
	TOTAL:	10,818	100	4,585	100.0	15,403	100.0
1999	always	1,683	22.6	858	21.5	2,541	22.2
	never	1,816	24.3	1,263	31.7	3,079	26.9
	sometimes	3,435	46.1	1,659	41.6	5,094	44.5
	other[1]	525	7.0	209	5.2	734	6.4
	TOTAL:	7,459	100.0	3,989	100.0	11,448	100.0

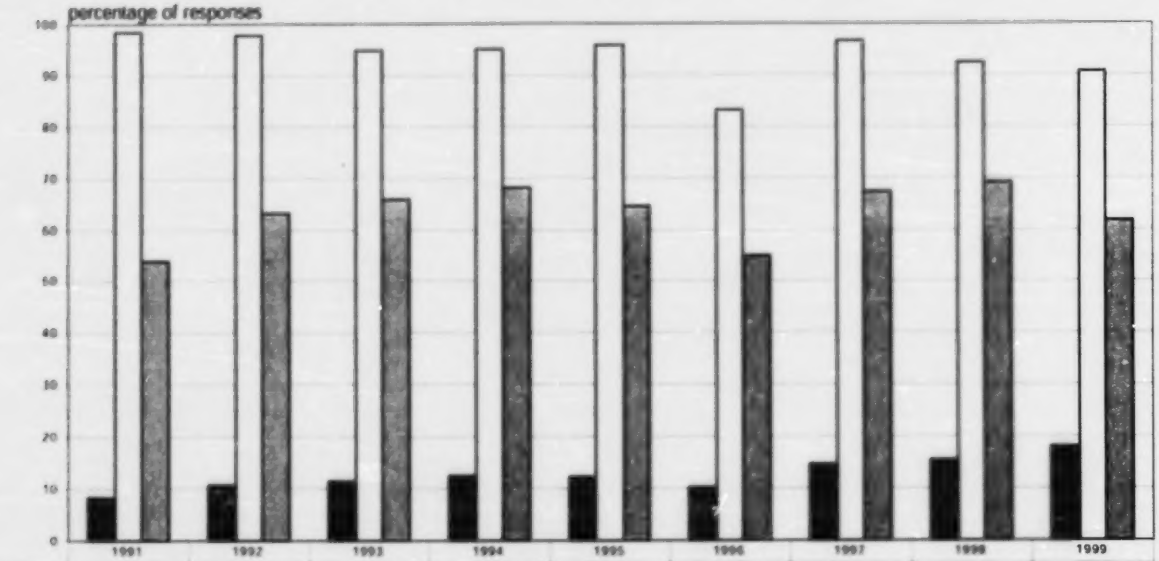
[1] Other - Reported condom use varies depending on the type of sex (e.g. condom use only with casual sex).

Graph 7.1
Clinic Visits - CONDOM USE as reported by clients, 1991 to 1999



	1991	1992	1993	1994	1995	1996	1997	1998	1999
always	23.5	21.2	28.6	24.4	23.7	28.8	31.3	25.2	22.2
sometimes	25.6	29.1	29.4	37.9	36.5	36.7	35.0	48.5	44.5
never	50.9	49.7	41.8	37.7	32.9	33.8	31.1	23.5	26.9

Graph 7.2
Clinic Visits - SITES EXPOSED[1] during sexual activity as reported by clients, 1991 to 1999



	1991	1992	1993	1994	1995	1996	1997	1998	1999
rectal	8.2	10.5	11.5	12.4	12.2	10.2	14.5	15.5	18.0
genital	98.4	97.8	94.8	95.0	95.8	83.1	96.5	92.3	90.6
throat	53.9	63.2	66.0	68.1	64.5	54.9	67.4	69.2	61.8

[1] Sites exposed are not mutually exclusive thus a client may report multiple sites.

Table 7.6
Clinic Visits - SITES EXPOSED[1] during sexual activity as reported by clients, 1991 to 1999

		Male		Female		Total	
Year	Site	Responses	Percent	Responses	Percent	Responses	Percent
1991	rectal	332	8.7	118	7.1	450	8.2
	genital	3,732	98.0	1,654	99.2	5,386	98.4
	throat	1,903	50.0	1,047	62.8	2,950	53.9
	other	1	0.0	2	0.1	3	0.1
	client	3,809		1,667		5,476	
1992	rectal	479	11.8	163	8.0	642	10.5
	genital	3,959	97.2	2,008	99.0	5,967	97.8
	throat	2,490	61.1	1,368	67.4	3,858	63.2
	other	5	0.1	-	-	5	0.1
	client	4,073		2,029		6,102	
1993	rectal	577	13.9	143	6.8	720	11.5
	genital	3,850	92.5	2,082	99.2	5,932	94.8
	throat	2,648	63.6	1,483	70.7	4,131	66.0
	other	9	0.2	4	0.2	13	0.2
	client	4,161		2,098		6,259	
1994	rectal	570	15.0	144	7.4	714	12.4
	genital	3,530	92.9	1,929	99.1	5,459	95.0
	throat	2,510	66.1	1,405	72.2	3,915	68.1
	other	15	0.4	6	0.3	21	0.4
	client	3,799		1,947		5,746	
1995	rectal	453	14.4	149	8.4	602	12.2
	genital	2,960	94.1	1,761	98.9	4,721	95.8
	throat	1,967	62.5	1,212	68.1	3,179	64.5
	other	9	0.3	5	0.3	14	0.3
	client	3,146		1,781		4,927	
1996	rectal	373	11.0	135	8.5	508	10.2
	genital	2,810	82.5	1,342	84.3	4,152	83.1
	throat	1,816	53.3	928	58.3	2,744	54.9
	other	9	0.3	4	0.3	13	0.3
	client	3,404		1,592		4,996	
1997	rectal	560	16.6	158	10.1	718	14.5
	genital	3,279	97.0	1,490	95.5	4,769	96.5
	throat	2,244	66.4	1,084	69.5	3,328	67.4
	other	6	0.2	-	-	6	0.1
	client	3,381		1,560		4,941	
1998	rectal	865	16.4	319	13.0	1,184	15.3
	genital	4,874	92.5	2,257	91.9	7,131	92.3
	throat	3,579	68.0	1,768	72.0	5,347	69.2
	other	6	0.1	3	0.1	9	0.1
	client	5,267		2,456		7,723	
1999	rectal	938	21.7	206	10.1	1,144	18.0
	genital	3,899	90.4	1,863	91.1	5,762	90.6
	throat	2,601	60.3	1,327	64.9	3,928	61.8
	other	3	0.1	2	0.1	5	0.1
	client	4,315		2,044		6,359	

[1] Sites exposed are not mutually exclusive thus a client may report multiple sites.

Table 7.7
Clinic Visits - PREFERRED SEXUAL PARTNERS as reported by clients, 1991 to 1999

		Male		Female	
Year	Partner	Responses	Percent	Responses	Percent
1991	male	874	12.3	3,070	98.8
	female	6,134	86.2	8	0.3
	both	106	1.5	29	0.9
	TOTAL:	7,114	100.0	3,107	100.0
1992	male	776	13.4	2,508	97.9
	female	4,904	84.5	23	0.9
	both	124	2.1	30	1.2
	TOTAL:	5,804	100.0	2,561	100.0
1993	male	460	12.1	1,732	97.7
	female	3,257	85.9	23	1.3
	both	74	2.0	18	1.0
	TOTAL:	3,791	100.0	1,773	100.0
1994	male	368	11.0	1,435	96.3
	female	2,859	85.3	19	1.3
	both	123	3.7	36	2.4
	TOTAL:	3,350	100.0	1,490	100.0
1995	male	366	11.6	1,442	96.7
	female	2,644	84.0	16	1.1
	both	136	4.3	33	2.2
	TOTAL:	3,146	100.0	1,491	100.0
1996	male	373	11.5	1,419	95.7
	female	2,747	84.8	20	1.3
	both	120	3.7	43	2.9
	TOTAL:	3,240	100.0	1,482	100.0
1997	male	383	13.6	1,199	94.5
	female	2,329	83.0	25	2.0
	both	95	3.4	45	3.5
	TOTAL:	2,807	100.0	1,269	100.0
1998	male	959	16.8	2,137	85.6
	female	4,197	73.4	60	2.4
	both	211	3.7	102	4.1
	unknown	348	6.1	198	7.9
	TOTAL:	5,715	100.0	2,497	100.0
1999	male	3,034	23.6	5,914	91.4
	female	9,154	71.3	242	3.7
	both	642	5.0	317	4.9
	unknown		-		-
	TOTAL:	12,830	100.0	6,473	100.0

The responses are visit based from 1991 to 1992, client based from 1993 to 1997, and visit based for 1998/99. The percentage columns remain the most relevant.

Table 7.8
Clinic/Outreach Visits - HIV pre-test visits by LOCATION, 1995 to 1999

Location	Count	1995	1996	1997	1998	1999
STD CLINIC	total	3,256	3,192	3,297	2,998	3,495
	% TOTAL	55.6	54.8	58.7	56.6	61.1
OUTREACH CLINICS[1]	total	2,603	2,635	2,318	2,295	2,221
	% TOTAL	44.4	45.2	41.3	43.4	38.9
Main	total	1,025	1,043	994	1,047	1,047
	% TOTAL	17.5	17.9	17.7	19.8	18.3
Richards/Seymour	total	358	399	140	41	48
	% TOTAL	6.1	6.8	2.5	0.8	0.8
Bute	total	773	751	719	808	762
	% TOTAL	13.2	12.9	12.8	15.3	13.3
Jail	total	170	140	100	146	55
	% TOTAL	2.9	2.4	1.8	2.8	1.0
Vancouver Detox	total	150	169	138	139	193
	% TOTAL	2.6	2.9	2.5	2.6	3.4
Cordova Detox	total	99	118	170	114	61
	% TOTAL	1.7	2.0	3.0	2.2	1.1
Pender Detox	total	28				
	% TOTAL	0.5				
Burnaby Correctional Centre for Women	total		15	57		55
	% TOTAL		0.3	1.0	-	1.0
TOTAL:		5,859	5,827	5,615	5,293	5,716

[1] Outreach Clinics is comprised of the following: Main, Seymour, Bute, Jail, Vancouver Detox, Cordova Detox, Pender Detox (1995 only) and Burnaby Correctional Centre for Women.
For 1998, the total for Burnaby Correctional Centre for Women is included in the total for Jail.
From 1996 onward, data for Pender Detox is no longer collected.

Table 7.9
Clinic/Outreach Visits - HIV pre-test visits by GENDER, 1995 to 1999

Year	Male (M)	Female (F)	TOTAL	Ratio (M:F)
1995	3,624	1,958	5,582	2:1
1996	3,789	1,873	5,662	2:1
1997	3,700	1,776	5,476	2:1
1998	3,630	1,655	5,285	2:1
1999	3,827	1,854	5,681	2:1

Table 7.10
Clinic/Outreach Visits - SEXUAL ORIENTATION of clients presenting for HIV test visits, 1995 to 1999

Orientation	Count	1995	1996	1997	1998	1999
bisexual	total	461	435	364	319	268
	% TOTAL	7.9	7.6	6.6	6.5	5.3
heterosexual	total	4,356	4,321	4,244	3,864	4,229
	% TOTAL	75.0	75.2	76.9	78.3	83.6
msm or wsw	total	991	988	905	749	562
	% TOTAL	17.1	17.2	16.4	15.2	11.1
unknown	total	3	1	4		1
	% TOTAL	0.1	0.0	0.1	-	0.0
TOTAL:		5,811	5,745	5,517	4,932	5,060

msm or wsw - men who have sex with men or women who have sex with women.

Table 7.11
Clinic/Outreach Visits - PREVIOUS HIV TEST VISITS or FIRST HIV TEST VISITS, 1995 to 1999

Year	First Time	% of TOTAL	Previous Test	% of TOTAL	TOTAL
1995	2,058	39.7	3,131	60.3	5,189
1996	1,879	40.7	2,740	59.3	4,619
1997	1,745	39.8	2,635	60.2	4,380
1998	1,494	31.1	3,314	68.9	4,808
1999	1,655	29.0	4,061	71.0	5,716

Table 7.12
Clinic/Outreach Visits - PERCENTAGE OF HIV TESTS that are REACTIVE, 1995 to 1999

Location	1995	1996	1997	1998	1999
STD CLINIC	1.4	1.1	0.9	0.9	0.5
OUTREACH CLINICS[1]	5.9	5.3	3.4	3.5	1.9
Main	8.3	8.2	6.5	4.6	2.5
Richards/Seymour	3.3	1.5	2.7	-	-
Bute	3.9	3.6	2.5	2.5	1.7
Jail	9.0	6.2	7.4	7.0	-
Vancouver Detox	4.0	1.8	0.7	-	0.5
Cordova Detox	6.2	7.6	5.0	1.8	-
Pender Detox	-	-	-	-	-
Burnaby Correctional Centre for Women		6.7	3.4		3.6
TOTAL:	3.4	3.0	2.4	2.1	1.0

[1] Outreach Clinics is comprised of the following: Main, Seymour, Bute, Jail, Vancouver Detox, Cordova Detox, Pender Detox (1995 only) and Burnaby Correctional Centre for Women.
For 1998, the percentage for Burnaby Correctional Centre for Women is included in the percentage for Jail.
From 1996 onward, data for Pender Detox is no longer collected.

Table 7.13
Clinic/Outreach Visits - PRIMARY CONCERN of clients presenting for HIV test visits, 1995 to 1999

Primary Concern	Count	1995	1996	1997	1998	1999
blood recipient	total	30	5	11	11	13
	% TOTAL	0.5	0.1	0.2	0.2	0.2
HIV contact	total	9	44	31	10	10
	% TOTAL	0.2	0.8	0.6	0.2	0.2
needle risk	total	681	617	430	436	425
	% TOTAL	12.4	10.9	8.1	8.4	7.1
occupational risk	total	32	24	15	12	19
	% TOTAL	0.6	0.4	0.3	0.2	0.3
screening	total	610	778	830	786	913
	% TOTAL	11.1	13.8	15.7	15.1	15.3
sexual risk	total	4,041	4,107	3,916	3,910	4,534
	% TOTAL	73.6	72.9	73.9	74.9	75.8
symptoms	total	4	3	4	6	16
	% TOTAL	0.1	0.1	0.1	0.1	0.3
other	total	85	59	59	50	53
	% TOTAL	1.5	1.0	1.1	1.0	0.9
TOTAL:		5,492	5,637	5,296	5,221	5,983

Table 7.14
Clinic/Outreach Visits - number of SEXUAL PARTNERS in the previous SIX MONTHS, 1995 to 1999
as reported by clients presenting for HIV test visits

Sexual Partners in previous SIX MONTHS

Number of Sexual Partners	Count	1995	1996	1997	1998	1999
none, one or two	total	3,895	3,797	3,740	3,884	3,599
	% TOTAL	68.7	67.5	68.9	68.1	89.3
more than two	total	1,778	1,830	1,688	1,818	433
	% TOTAL	31.3	32.5	31.1	31.9	10.7
TOTAL:		5,673	5,627	5,428	5,702	4,032

Table 7.15
Clinic/Outreach Visits - number of SEXUAL PARTNERS in a LIFETIME, 1995 to 1999
as reported by clients presenting for HIV test visits

Sexual Partners in a LIFETIME

Number of Sexual Partners	Count	1995	1996	1997	1998	1999
less than ten	total	1,428	1,357	1,289	1,593	2,121
	% TOTAL	43.0	44.9	44.2	38.9	43.6
more than ten	total	1,893	1,664	1,629	2,505	2,745
	% TOTAL	57.0	55.1	55.8	61.1	56.4
TOTAL:		3,321	3,021	2,918	4,098	4,866

Table 7.16
Clinic/Outreach Visits - NEEDLE DRUG USE in clients presenting for HIV test visits, 1995 to 1999

Needle Drug Use	Count	1995	1996	1997	1998	1999
yes	total	1,245	1,240	1,033	845	887
	% TOTAL	21.5	21.7	19.3	16.9	19.2
no	total	4,538	4,476	4,315	4,167	3,723
	% TOTAL	78.5	78.3	80.7	83.1	80.8
TOTAL:		5,783	5,716	5,348	5,012	4,610

REPORT ON STREET OUTREACH PROGRAM

Outreach Administrator: Juanita Maginley, RN, BSN
Team Leader: James Tigchelaar, RN
Team Leader: Fiona Gold, RN

The Report on the Street Outreach Program chronicles the activities of STD/AIDS Control's AIDS Prevention Street Nurse Program. In addition to this Program's provincial education, consultation and support mandate, direct services are delivered in the downtown eastside (DTES) and west end of Vancouver.

STREET OUTREACH PROGRAM

The focus of the AIDS Prevention Street Nurse Program (Street Outreach Program) is STD/HIV prevention in marginal populations, that is, any person who is unwilling or unable to access traditional healthcare facilities and is at risk for contracting STDs or HIV. This includes but is not limited to the following population groups: sex trade workers; injection drug users (IDU); street-involved adults and youth; immigrants and refugees; and gay, lesbian, bisexual, and transgendered persons.

Client encounters increased by 6% from 51,611 in 1998 to 54,792 in 1999. A description of STD/HIV outreach clinic visits can be found in Tables 8.2, 8.3, 8.4, and 8.5. Educational activities provided by the Street Outreach Program are summarized in the Report on Education (page 53).

Client encounters may involve the following: HIV testing and counselling; STD testing, diagnosis and management; risk reduction education; hepatitis A, hepatitis B and influenza vaccination; needle exchange; condom distribution; linkage to appropriate resources; medical referral; primary care delivered by sessional physicians; supportive care; care and treatment of IDU related conditions, such as abscesses; psychological support; and first aid.

The Main Street Clinic and the Downtown Eastside Outreach services recorded 22,918 client encounters in 1999. As in previous years, the male to female ratio for clinic visits (e.g. for STD evaluation and/or HIV testing) was 2:1, with an average male age of 40 years, an average female age of 34 years, and an average transgendered age of 31 years. Street nurses provided regularly scheduled outreach services in Vancouver's Downtown Eastside to over 40 single room occupancy residences, to drop-ins (e.g. those who visit a community agency for a hot meal or to seek shelter for the night), and to those hanging about in parks. In response to the syphilis outbreak, resources for syphilis follow-up, testing, treatment, and contact tracing were increased. The number of needles exchanged continued to decline due to a change in drug use patterns and an increase in the limits of needles clients were permitted to exchange at the fixed Vancouver Needle Exchange site.

The Bute Street Clinic recorded 5,332 client encounters in 1999. The male to female ratio for clinic visits was 4:1, with an average male age of 35 years, an average female age of 30 years, and an average transgendered age of 28 years. The Bute Street Clinic has been increasingly accessed by street youth and IDU clients since the closure of our Seymour Street Clinic site in 1997.

The Seymour Street Outreach Service recorded 7,405 client encounters in 1999. The male to female ratio for clinic visits was 2:1, with an average male age of 28 years, an average female age of 27 years, and an average transgendered age of 44 years. After the closure of the Seymour Street Outreach Clinic site, the Seymour Street Outreach Service continued regularly scheduled clinic and outreach services at Downtown South (DTS) youth drop-ins, agencies, safe houses, and single room occupancy residences. Outreach to street sex trade workers and youth continued to be a challenge. Increased mobility by street youth around Vancouver and the Lower Mainland was observed by several youth oriented community agencies.

In 1999, a total of 1,937 client encounters were recorded at off-site outreach clinic and educational services to the Vancouver Jail and Detox, and Cordova Detox.

The mobile outreach street nurse van operates five evenings per week and is accessed by clients on the streets, in residences, and by clients frequenting 'shooting galleries.' The outreach van recorded 9,586 client encounters in 1999. The male to female ratio was 1:2.

Two Street Outreach Program healthcare workers serve the Latin American and Asian communities providing STD/HIV education and support, including a peer education training component. These two healthcare workers access an important new client base by working a portion of their time at the Bridge Health Clinic for refugees and new immigrants.

The percentage of HIV tests conducted by the street nurses which were reactive decreased from 3.5% in 1998 to 1.9% in 1999. The increase in the total number of clients now infected with HIV, however, has had a significant impact on the work done by the Street Outreach Program.

The infectious syphilis outbreak among people living in or frequenting Vancouver's downtown eastside has challenged the Street Outreach Program. Screening, treatment and contact follow-up has increased in parks, drop-ins, and single room occupancy residences.

The Street Outreach Program conducted a needs assessment on street-involved clients for the Simon Fraser Health Region in 1998. Recommendations have been provided to the region. Mobile outreach services to this health region have continued one evening per week. Weekly liaison with the New Westminster Health Department is ongoing.

An extensive external evaluation entitled, "Urban Outpost Nursing - Taking One Step at a Time," was completed by the School of Nursing, University of British Columbia. The evaluation showed the effectiveness of the Street Outreach Program in promoting positive changes in clients toward preventing STD/HIV/AIDS, reducing harm, and promoting well being.

Table 8.1
Number of Client Encounters, 1992 to 1999

Year	Client Encounter
1992	14,166
1993	19,553
1994	26,218
1995	31,778
1996	39,429
1997	40,980
1998	51,611
1999	54,792

Table 8.2
Vancouver Outreach Clinics - TYPE OF ENCOUNTER, 1993 to 1999

Outreach Clinics	Type of Encounter	1993	1994	1995	1996	1997	1998	1999
Main	client[1]	5,881	8,822	11,342	13,004	15,971	21,359	22,918
	STD	1,606	1,353	831	751	1,056	2,243	5,259
	HIV	934	412	1,843	2,259	1,855	1,983	1,391
	both						81	845
Seymour/DTS	client[1]	9,076	10,159	6,962	7,740	3,697	9,549	7,405
	STD	708	641	390	353	121	179	252
	HIV	270	150	630	730	233	53	68
	both						1	16
Bute	client[1]	2,663	3,744	4,026	3,825	4,193	5,848	5,332
	STD	825	936	673	835	673	1,946	1,137
	HIV	415	290	1,441	1,514	1,336	1,503	1,150
	both						22	334
Jail/Detox/Mobile/ Agencies/Street	client[1]	1,933	3,493	9,448	14,860	17,119	14,855	19,137
	STD	564	514	105	114	105	121	183
	HIV	439	177	561	577	564	481	372
	both						14	93
TOTAL:	client[1]	19,553	26,218	31,778	39,429	40,980	51,611	54,792
	STD	3,703	3,444	1,999	2,053	1,955	4,489	6,831
	HIV	2,058	1,029	4,475	5,080	3,988	4,020	2,981
	both	-	-	-	-	-	118	1,288

[1] A client encounter denotes an outreach event involving an individual from the target group. This encounter may involve STD and/or HIV diagnostic activities and demonstrates the opportunities available for Outreach Nurses to provide clients with information, education and counselling.

For 1993 and 1994, HIV encounters consisted of only HIV pre-test visits. From 1995 onward, HIV encounters are comprised of both HIV pre- and post-test visits. In1997, the Richards Street Clinic closed while the Seymour Street Clinic opened.

In 1999, Seymour/Downtown South (DTS) formerly Richards/Seymour Clinic. Jail/Detox/Mobile/Agencies/Street includes: City Jail, Cordova Detox, Vancouver Detox, Mobile Outreach, Agency Downtown East Side (DTES), Walks Downtown East Side (DTES) and Walks Downtown South (DTS).

Table 8.3
Vancouver Outreach Clinics - STD DIAGNOSIS[1], 1999

STD Diagnosis	Male	Female	Other	Total	
bacterial vaginosis		124		124	
cervicitis		20		20	
chlamydia - cervix		19		19	
chlamydia - urethra	29			29	
epididymitis	4			4	
fungal rash	16			16	
genital lesion - not yet diagnosed	3			3	
genital warts	53	11		64	
genital warts - recurrent				-	
gonorrhea - cervix		16		16	
gonorrhea - rectum	5			5	
gonorrhea - throat	9	3		12	
gonorrhea - other		1		1	*
gonorrhea - urethra	49	1		50	
gonorrhea - presumptive	1	1		2	
gonorrhea: CIPRNG - cervix				-	
gonorrhea: CIPRNG - urethra	2			2	
gonorrhea: CMRNG - rectum				-	
gonorrhea: CMRNG - throat	1	1		2	
gonorrhea: CMRNG - urethra	3			3	
gonorrhea: PPNG - urethra	4			4	*
gonorrhea: TRNG - rectum				-	
gonorrhea: TRNG - urethra	1			1	
hepatitis A - acute	1			1	
hepatitis A - immune	287	134	1	422	
hepatitis B - acute	7	2		9	
hepatitis B - carrier	10	1		11	
hepatitis B - immune	264	130	2	396	
hepatitis C - positive	183	112	1	296	

... continued on the next page

[1] Clients may have multiple STD Diagnoses.
* New Category for 1999.

PPNG	Pencillinase producing Neisseria gonorrhoeae
TRNG	Tetracycline resistant Neisseria gonorrhoeae
CMRNG	Chromosomally mediated resistant Neisseria gonorrhoeae (penicillin only)
CIPRNG	Ciprofloxacin resistant Neisseria gonorrhoeae
CI - interm	Ciprofloxacin intermediate resistant Neisseria gonorrhoeae

A diagnosis of gonorrhea showing resistance is only counted once (e.g. gonorrhea: CIPRNG-urethra is NOT also counted as gonorrhea - urethra)

Table 8.3 (continued)
Vancouver Outreach Clinics - STD DIAGNOSIS[1], 1999

STD Diagnosis	Male	Female	Other	Total	
herpes simplex	16	5		21	
herpes simplex - presumptive	10	7		17	
molluscum	6			6	
no new diagnosis	4,915	1,938	26	6,879	
no std	1	3		4	*
non-gonococcal urethritis	55			55	
non-gonococcal urethritis - recurrent	4			4	
other[2]	166	191	1	358	
pediculosis pubis	21	5		26	
pelvic inflammatory disease		11		11	
pregnant		10		10	
proctitis	5			5	
scabies	28	24		52	
syphilis - primary	2	3		5	
syphilis - secondary		2		2	
syphilis - early latent	5	9		14	
syphilis - late latent	3			3	
syphilis - other		1		1	
syphilis - previously known	3			3	*
syphilis - stage unspecified	1			1	*
treated as a contact	48	47		95	
trichomoniasis		34		34	
urethritis - not yet diagnosed	95			95	
yeast balanitis	13	1	1	15	
yeast vaginitis		49		49	
TOTAL:	6,328	2,916	32	9,276	

[1] Clients may have multiple STD Diagnoses.
[2] Other - Clients present with genital lesions or rashes that are not STD-related.
* New Category for 1999.

Table 8.4
Vancouver Outreach Clinics - TYPE OF TESTING, 1996 to 1999

Outreach Clinics	Type of Testing	1996	1997	1998	1999
Main	syphilis	808	830	1,330	1,347
	hepatitis A antibody	16	25	261	609
	hepatitis B surface antibody	449	458	564	649
	hepatitis C antibody	400	381	478	578
Richards/Seymour	syphilis	295	100	44	78
	hepatitis A antibody	3	1	11	20
	hepatitis B surface antibody	159	51	28	32
	hepatitis C antibody	76	33	18	22
Bute	syphilis	506	582	940	893
	hepatitis A antibody	3	13	87	185
	hepatitis B surface antibody	239	276	327	238
	hepatitis C antibody	40	124	173	96
Jail/Detox/Mobile	syphilis	1,249	680	420	328
	hepatitis A antibody	1	6	119	174
	hepatitis B surface antibody	489	446	279	129
	hepatitis C antibody	244	231	259	169
TOTAL:	syphilis	2,858	2,192	2,734	2,646
	hepatitis A antibody	23	45	478	988
	hepatitis B surface antibody	1,336	1,231	1,198	1,048
	hepatitis C antibody	760	769	928	865

Table 8.5
Vancouver Outreach Clinics - NEEDLE EXCHANGE, 1996 to 1999

Needle Exchange	1996	1997	1998	1999
needles IN	224,765	436,362	270,672	198,703
needles OUT	221,077	431,553	265,743	195,972

REPORT ON EDUCATION

Nursing Education Administrator:	Jacqueline Barnett, RN
STD/AIDS Resource Centre:	Ellen Leung
Training Program Coordinator:	Ellen Fraser
BCAAAP Program Manager:	Lucy Barney, RN, BScN, MScN (c)
BCAAAP Educator:	Melanie Rivers, BA

The Report on Education provides a summary of the various educational, training and resource activities carried out by STD/AIDS Control Program.

EDUCATION

STD/AIDS Control Division functions as the centre for critical information and education on STD/HIV/AIDS within BC. The Division's staff are committed to responding to the educational and training needs of healthcare providers throughout this province.

Presented below is a summary of the 1999 training and educational programs designed and delivered to healthcare providers, government, community-based agencies, and other interested groups.

In 1999, a total of 3,234 healthcare workers and clients received formal education on STDs and HIV/AIDS through the STD/AIDS education group. Additionally, 88 healthcare workers received hands-on clinical training and 254 received hands-on street outreach training. Table 9.5 provides a summary of the various training activities outlined below.

1. Hands-On Clinical Training for Public Health Nurses

Access to specialized STD hands-on clinical training for provincial and federal public health nurses is in constant demand. One-to-one clinical practicum sessions by the STD nursing staff (2 to 5 days in duration) are provided, once it is established that the necessary STD theory has been reviewed and once the nursing candidate has successfully passed the preset exam.

2. STD & HIV Training Courses

The Division provides a 5-day STD Training Course for public health nurses three times per year. The demand for the program remains high.

The Division also provides a 2-day HIV Pre & Post Test Counselling Course once a year. This skills-building workshop provides a comprehensive approach to the issues and clinical practices required to effectively assist clients in their efforts to make well informed decisions regarding their health and HIV status. The demand for this workshop continues to increase as the complexities and issues of HIV become a greater concern within communities.

In 1998, an annual 5-day Street Outreach Training Course for public health nurses was started.

3. Hands-On Street Outreach Training

Provincial nursing and medical staff often request specialized street outreach training that encompasses the health practices of STD/HIV/AIDS management in addition to addressing the myriad of health related issues (e.g. addiction, homelessness, poverty, etc.).

4. Street Outreach Educational Sessions

Nurses and healthcare workers from the Street Outreach Program deliver educational sessions/workshops to high risk populations and community-based agencies.

5. Professional & Community Education

A select team of Divisional educators responds to both on-site and off-site requests for training and education.

PEACH (Professional Education Accessed Closer to Home), the closer to home educational program developed in 1995, continues to be the foundation for a diverse number of STD/HIV/AIDS workshops/sessions delivered at various locations in BC.

PEACH workshops are tailored to address the specific STD/HIV/AIDS needs and concerns of the healthcare staff and their respective communities.

In 1999, a concerted effort was given to collaborating and supporting peer education initiatives in both youth and the hard-to-access immigrant and refugee community.

6. Continuing Medical Education

The Division's medical staff (i.e. physicians) respond to both on-site and off-site continuing medical education requests from nursing and medical groups.

7. STD/AIDS Resource Centre

The STD/AIDS Resource Centre provides the most current information to healthcare providers, schools, students, the public, and staff from the Division.

STD/HIV/AIDS information and educational resources are available in various media formats including videotapes, books, pamphlets, and posters.

Table 9.1
STD/AIDS Resource Centre
Number and Type of Users, 1999

Type of User	Total
External requests: students, nurses, public	1,042
Internal requests: Division's staff	537
Total	1,579

Table 9.2
STD/AIDS Resource Centre
External Users, 1999

Item	Requests	Quantity
Resource Loans[1]	502	763
Resource Materials Distributed[2]	829	47,837
Reference/Referral[3]	95	95
Photocopying	48	1,043
STD Training Kit	26	26

Table 9.3
STD/AIDS Resource Centre
Internal (Staff) Users, 1999

Item	Requests	Quantity
Resource Loans[1]	83	142
Resource Materials Distributed[2]	200	24,019
Reference/Referral[3]	89	129

[1] Video and Books
[2] Pamphlets, posters, manuals
[3] Article, Literature Search/Reference, Interlibrary Loan

8. STD/HIV/AIDS Communication Grants

Working as front-line educators providing health services in the community, public health staff are acutely aware of what is needed in their respective communities regarding STD/HIV/AIDS prevention education from a public health perspective.

The Division provides public health staff, working for a health unit/department, with opportunities to develop and implement initiatives through grants that are specifically allocated to health regions for STD/HIV/AIDS education.

The information collected from these initiatives are often incorporated into the Division's knowledge base for future projects.

Listed in Table 9.4 is a summary of health region grants from STD/AIDS Control for initiatives in the 1998/99 fiscal year.

Table 9.4
STD/HIV/AIDS Communication Grants, 1998/99 fiscal year

Health Region	STD/HIV/AIDS Initiative(s)
Capital	HIV saliva sample study.
Central Vancouver Island	Condom Awareness Campaign. Sexual Health Education. Education for pregnant teens & mother's.
Coast Garibaldi	Harm reduction education.
East Kootenay	Educational sessions - condom purchase and use.
Fraser Valley	Peer education for at risk youth.
Kootenay Boundary	Condom & Pill campaign. Purchase pregnancy test kits, condoms, etc.
North Okanagan	Delivery sessions on needlestick injury and AIDS 101.
Northern Interior	Conference on health sexual development. Chlamydia awareness campaign.
Simon Fraser	Peer education for at risk youth.
South Fraser	Peer education.
Upper Island/Central Coast	Education materials and workshops for youth.
Richmond	Youth education. Student workshops.

Simon Fraser includes New Westminster and Burnaby.

Table 9.5
Education and Hands-On Clinical Training, 1999

EDUCATION

Participants	Number of Participants	Hours of Education
Nurses - STD Training Course	32	672
Nurses - HIV Pre & Post Test Counselling Course	61	1,070
Nurses - HIV Pre & Post Test Counselling	99	250
Nurses - Corrections	15	70
Nurses - Female Condom Train the Trainer	226	1,529
Staff - Community Based Agency (Education)	300	54
Nurses - Street Outreach Training Course	8	168
Staff - Community Based Agency (Outreach)	74	27
Clients - Community Based Agency (Outreach)	254	39
Adult Clients - Corrections (Outreach)	371	51
Youth - Corrections (Outreach)	360	67
Clients - Detect (Outreach)	1,359	357
Physicians	75	4
TOTAL:	3,234	4,358

Clinic Training

Participants	Number of Participants	Hours of Training
Nurses - Medical Services Branch	2	56
Nurses - Public Health	24	427
Nurses - STD Training Course	24	158
Nurses - STD/AIDS Control	8	455
Physicians	8	37
Family Practice Residents	10	111
Pediatrics/Gynecology Residents	3	182
Dermatology Residents	1	175
Medical Students	8	154
TOTAL:	88	1,755

Street Outreach Training

Participants	Number of Participants	Hours of Training
Medical Students	3	10
Nurses	36	11
Student Nurses	99	64
Students - Other	108	8
Nurses - Street Outreach Training Course	8	112
TOTAL:	254	205

BC ABORIGINAL AIDS AWARENESS PROGRAM

The BC Aboriginal AIDS Awareness Program's (BCAAAP) mandate is to provide culturally appropriate, on-site community based AIDS, hepatitis, and STD education and training to Aboriginal communities, organizations, and professionals within BC.

BCAAAP has two staff, one Program Manager and an Educator. BCAAAP provides training and education to the community nurses and Community Health Representatives and other community healthcare providers such as alcohol and drug counsellors and home care.

BCAAAP also provides HIV/AIDS, hepatitis and STD education to community members in schools, gatherings, conferences, or in ways that the community feels the awareness will be effective.

Material that is culturally relevant for the Aboriginal community is developed in consultation with the communities at large. Consultation also occurs with the BCCDC for accuracy and content.

Contribution Agreements have been awarded to Aboriginal agencies who are providing HIV/AIDS awareness to Aboriginal clientele.

BCAAAP participated in 207 formal activities from March 1999 to March 2000. These activities included meetings, workshops, conferences, health fairs, professional development, and administration. BCAAAP reached 8,663 Aboriginal people in the 1999/2000 fiscal year. Evaluations from the communities have been excellent.

Table 9.6
Activity Breakdown for March 1999 - March 2000

Activity	Meetings	Conferences	Health Fairs	Presentations	Profesional Development	Workshops
Lucy Barney, Program Manager	50	2	10	14	14	33
Melanie Rivers, Educator	38	2	4	3	10	27
Total	88	4	14	17	24	60

Total Participants	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total
Lucy Barney, Program Manager	1,525	1,894	1,079	1,554	6,052
Melanie Rivers, Educator	502	165	873	1,071	2,611
Total Participants	2,027	2,059	1,952	2,625	8,663